

**AGREEMENT FOR
ACTUARIAL SERVICES FOR SELF-FUNDED MEDICAL PLAN SERVICES**

THIS AGREEMENT, made this 18th day of November 2014, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Wakely Consulting Group, Inc., a Florida corporation, ("Contractor" or "Company"), whose address and phone number are 17757 US Highway 19 N, Suite 310 Clearwater, Florida 33764, Phone: 727-507-9858, Fax: 727-507-9658, Email: JuliaL@wakely.com.

NOW THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

WITNESSETH:

I. DOCUMENTS

The following documents (collectively "Contract Documents") are hereby incorporated into and made part of this Agreement (Form P-0001):

- (1) Request for Proposal No. 745-11427, Actuarial Services for Self-Funded Medical Plan Services, including any and all addenda, prepared by the City of Fort Lauderdale, ("RFP" or "Exhibit A").
- (2) The Contractor's response to the RFP, dated June 30, 2014, ("Exhibit B").

All Contract Documents may also be collectively referred to as the "Documents." In the event of any conflict between or among the Documents or any ambiguity or missing specifications or instruction, the following priority is established:

- A. First, specific direction from the City Manager (or designee)
- B. Second, this Agreement (Form P-0001) dated November 18, 2014, and any attachments.
- C. Third, Exhibit A
- D. Fourth, Exhibit B

II. SCOPE

The Contractor shall perform the Work under the general direction of the City as set forth in the Contract Documents.

Unless otherwise specified herein, the Contractor shall perform all Work identified in this Agreement. The parties agree that the scope of services is a description of Contractor's obligations and responsibilities, and is deemed to include preliminary considerations and prerequisites, and all labor, materials, equipment, and tasks which are such an inseparable part of the work described that exclusion would render performance by Contractor impractical, illogical, or unconscionable.

Contractor acknowledges and agrees that the City's Contract Administrator has no authority to make changes that would increase, decrease, or otherwise modify the Scope of Services to be provided under this Agreement.

By signing this Agreement, the Contractor represents that it thoroughly reviewed the documents incorporated into this Agreement by reference and that it accepts the description of the Work and the conditions under which the Work is to be performed.

III. TERM OF AGREEMENT

The initial contract period shall commence on November 18, 2014, and shall end on November 17, 2015. In the event the term of this Agreement extends beyond the end of any fiscal year of City, to wit, September 30th, the continuation of this Agreement beyond the end of such fiscal year shall be subject to both the appropriation and the availability of funds.

IV. COMPENSATION

The Contractor agrees to provide the services and/or materials as specified in the Contract Documents at the cost specified in Exhibit B. It is acknowledged and agreed by Contractor that this amount is the maximum payable and constitutes a limitation upon City's obligation to compensate Contractor for Contractor's services related to this Agreement. This maximum amount, however, does not constitute a limitation of any sort upon Contractor's obligation to perform all items of work required by or which can be reasonably inferred from the Scope of Services. Except as otherwise provided in the solicitation, no amount shall be paid to Contractor to reimburse Contractor's expenses.

V. METHOD OF BILLING AND PAYMENT

Contractor may submit invoices for compensation no more often than monthly, but only after the services for which the invoices are submitted have been completed. An original invoice plus one copy are due within fifteen (15) days of the end of the month except the final invoice which must be received no later than sixty (60) days after this Agreement expires. Invoices shall designate the nature of the services performed and/or the goods provided.

City shall pay Contractor within forty-five (45) days of receipt of Contractor's proper invoice, as provided in the Florida Local Government Prompt Payment Act.

To be deemed proper, all invoices must comply with the requirements set forth in this Agreement and must be submitted on the form and pursuant to instructions prescribed by the City's Contract Administrator. Payment may be withheld for failure of Contractor to comply with a term, condition, or requirement of this Agreement.

Notwithstanding any provision of this Agreement to the contrary, City may withhold, in whole or in part, payment to the extent necessary to protect itself from loss on account of inadequate or defective work that has not been remedied or resolved in a manner satisfactory to the City's Contract Administrator or failure to comply with this Agreement. The amount withheld shall not be subject to payment of interest by City.

VI. GENERAL CONDITIONS

A. Indemnification

Contractor shall protect and defend at Contractor's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City and the City's officers, employees, volunteers, and agents from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with or arising directly or indirectly out of any act or omission by the Contractor or by any officer, employee, agent, invitee, subcontractor, or sublicensee of the Contractor. The provisions and obligations of this section shall survive the expiration or earlier termination of this Agreement. To the extent considered necessary by the City Manager, any sums due Contractor under this Agreement may be retained by City until all of City's claims for indemnification pursuant to this Agreement have been settled or otherwise resolved, and any amount withheld shall not be subject to payment of interest by City.

B. Intellectual Property

Contractor shall protect and defend at Contractor's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, royalties, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with or arising directly or indirectly out of any infringement or allegation of infringement of any patent, copyright, or other intellectual property right in connection with the Contractor's or the City's use of any copyrighted, patented or un-patented invention, process, article, material, or device that is manufactured, provided, or used pursuant to this Agreement. If the Contractor uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the bid prices shall include all royalties or costs arising from the use of such design, device, or materials in any way involved in the work.

C. Termination for Cause

The aggrieved party may terminate this Agreement for cause if the party in breach has not corrected the breach within ten (10) days after written notice from the aggrieved party identifying the breach. The City Manager may also terminate this Agreement upon such notice as the City Manager deems appropriate under the circumstances in the event the City Manager determines that termination is necessary to protect the public health or safety. The parties agree that if the City erroneously, improperly or unjustifiably terminates for cause, such termination shall be deemed a termination for convenience, which shall be effective thirty (30) days after such notice of termination for cause is provided.

This Agreement may be terminated for cause for reasons including, but not limited to, Contractor's repeated (whether negligent or intentional) submission for payment of false or incorrect bills or invoices, failure to perform the Work to the City's satisfaction; or failure to continuously perform the work in a manner calculated to meet or accomplish the objectives as set forth in this Agreement.

D. Termination for Convenience

The City reserves the right, in its best interest as determined by the City, to cancel this contract for convenience by giving written notice to the Contractor at least thirty (30) days prior to the effective date of such cancellation. In the event this Agreement is terminated for convenience, Contractor shall be paid for any services performed to the City's satisfaction pursuant to the Agreement through the termination date specified in the written notice of termination. Contractor acknowledges and agrees that he/she/it has received good, valuable and sufficient consideration from City, the receipt and adequacy of which are hereby acknowledged by Contractor, for City's right to terminate this Agreement for convenience.

E. Cancellation for Unappropriated Funds

The City reserves the right, in its best interest as determined by the City, to cancel this contract for unappropriated funds or unavailability of funds by giving written notice to the Contractor at least thirty (30) days prior to the effective date of such cancellation. The obligation of the City for payment to a Contractor is limited to the availability of funds appropriated in a current fiscal period, and continuation of the contract into a subsequent fiscal period is subject to appropriation of funds, unless otherwise provided by law.

F. Insurance

The Contractor shall furnish proof of insurance requirements as indicated below. The coverage is to remain in force at all times during the contract period. The following minimum insurance coverage is required. The commercial general liability insurance policy shall name the City of Fort Lauderdale, a Florida municipality, as an "additional insured." This MUST be written in the description section of the insurance certificate, even if there is a check-off box on the insurance certificate. Any costs for adding the City as "additional insured" shall be at the Contractor's expense.

The City of Fort Lauderdale shall be given notice 10 days prior to cancellation or modification of any required insurance. The insurance provided shall be endorsed or amended to comply with this notice requirement. In the event that the insurer is unable to accommodate, it shall be the responsibility of the Contractor to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested and addressed to the Procurement Services Division.

The Contractor's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the City's Risk Manager. Any exclusions or provisions in the insurance maintained by the contractor that excludes coverage for work contemplated in this solicitation shall be deemed unacceptable, and shall be considered breach of contract.

Workers' Compensation and Employers' Liability Insurance

Limits: Workers' Compensation – Per Chapter 440, Florida Statutes
Employers' Liability - \$500,000

Any firm performing work on behalf of the City of Fort Lauderdale must provide Workers' Compensation insurance. Exceptions and exemptions will be allowed by the City's Risk Manager, if they are in accordance with Florida Statute. For additional information contact the Department of Financial Services, Workers' Compensation Division at (850) 413-1601 or on the web at www.fldfs.com.

Commercial General Liability Insurance

Covering premises-operations, products-completed operations, independent contractors and contractual liability.

Limits: Combined single limit bodily injury/property damage \$1,000,000.

This coverage must include, but not limited to:

- a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
- b. Coverage for Premises/Operations
- c. Products/Completed Operations
- d. Broad Form Contractual Liability
- e. Independent Contractors

Automobile Liability Insurance

Covering all owned, hired and non-owned automobile equipment.

Limits: Bodily injury	\$250,000 each person, \$500,000 each occurrence
Property damage	\$100,000 each occurrence

Professional Liability (Errors & Omissions)

Consultants

Limits: \$2,000,000 per occurrence

Certificate holder should be addressed as follows:

City of Fort Lauderdale
Procurement Services Division
100 North Andrews Avenue, Room 619
Fort Lauderdale, FL 33301

G. Environmental, Health and Safety

Contractor shall place the highest priority on health and safety and shall maintain a safe working environment during performance of the Work. Contractor shall comply, and shall secure compliance by its employees, agents, and subcontractors, with all applicable environmental, health, safety and security laws and regulations, and performance conditions in this Agreement. Compliance with such requirements shall represent the minimum standard required of Contractor. Contractor shall be responsible for examining

all requirements and determine whether additional or more stringent environmental, health, safety and security provisions are required for the Work. Contractor agrees to utilize protective devices as required by applicable laws, regulations, and any industry or Contractor's health and safety plans and regulations, and to pay the costs and expenses thereof, and warrants that all such persons shall be fit and qualified to carry out the Work.

H. Standard of Care

Contractor represents that he/she/it is qualified to perform the Work, that Contractor and his/her/its subcontractors possess current, valid state and/or local licenses to perform the Work, and that their services shall be performed in a manner consistent with that level of care and skill ordinarily exercised by other qualified contractors under similar circumstances.

I. Rights in Documents and Work

Any and all reports, photographs, surveys, and other data and documents provided or created in connection with this Agreement are and shall remain the property of City; and Contractor disclaims any copyright in such materials. In the event of and upon termination of this Agreement, any reports, photographs, surveys, and other data and documents prepared by Contractor, whether finished or unfinished, shall become the property of City and shall be delivered by Contractor to the City's Contract Administrator within seven (7) days of termination of this Agreement by either party. Any compensation due to Contractor shall be withheld until Contractor delivers all documents to the City as provided herein.

J. Audit Right and Retention of Records

City shall have the right to audit the books, records, and accounts of Contractor and Contractor's subcontractors that are related to this Agreement. Contractor shall keep, and Contractor shall cause Contractor's subcontractors to keep, such books, records, and accounts as may be necessary in order to record complete and correct entries related to this Agreement. All books, records, and accounts of Contractor and Contractor's subcontractors shall be kept in written form, or in a form capable of conversion into written form within a reasonable time, and upon request to do so, Contractor or Contractor's subcontractor, as applicable, shall make same available at no cost to City in written form.

Contractor and Contractor's subcontractors shall preserve and make available, at reasonable times for examination and audit by City in Broward County, Florida, all financial records, supporting documents, statistical records, and any other documents pertinent to this Agreement for the required retention period of the Florida public records law, Chapter 119, Florida Statutes, as may be amended from time to time, if applicable, or, if the Florida Public Records Act is not applicable, for a minimum period of three (3) years after termination of this Agreement. If any audit has been initiated and audit findings have not been resolved at the end of the retention period or three (3) years, whichever is longer, the books, records, and accounts shall be retained until resolution of the audit findings. If the Florida public records law is determined by City to be applicable to Contractor and Contractor's subcontractors' records, Contractor and Contractor's subcontractors shall comply with all requirements thereof; however, Contractor and Contractor's subcontractors shall violate no confidentiality or non-disclosure requirement of either federal or state law. Any incomplete or incorrect entry in such books, records,

and accounts shall be a basis for City's disallowance and recovery of any payment upon such entry.

Contractor shall, by written contract, require Contractor's subcontractors to agree to the requirements and obligations of this Section.

The Contractor shall maintain during the term of the contract all books of account, reports and records in accordance with generally accepted accounting practices and standards for records directly related to this contract.

K. Public Entity Crime Act

Contractor represents that the execution of this Agreement will not violate the Public Entity Crime Act, Section 287.133, Florida Statutes, as may be amended from time to time, which essentially provides that a person or affiliate who is a contractor, consultant, or other provider and who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to City, may not submit a bid on a contract with City for the construction or repair of a public building or public work, may not submit bids on leases of real property to City, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with City, and may not transact any business with City in excess of the threshold amount provided in Section 287.017, Florida Statutes, as may be amended from time to time, for category two purchases for a period of 36 months from the date of being placed on the convicted vendor list. Violation of this section shall result in termination of this Agreement and recovery of all monies paid by City pursuant to this Agreement, and may result in debarment from City's competitive procurement activities.

L. Independent Contractor

Contractor is an independent contractor under this Agreement. Services provided by Contractor pursuant to this Agreement shall be subject to the supervision of the Contractor. In providing such services, neither Contractor nor Contractor's agents shall act as officers, employees, or agents of City. No partnership, joint venture, or other joint relationship is created hereby. City does not extend to Contractor or Contractor's agents any authority of any kind to bind City in any respect whatsoever.

M. Inspection and Non-Waiver

Contractor shall permit the representatives of CITY to inspect and observe the Work at all times.

The failure of the City to insist upon strict performance of any other terms of this Agreement or to exercise any rights conferred by this Agreement shall not be construed by Contractor as a waiver of the City's right to assert or rely on any such terms or rights on any future occasion or as a waiver of any other terms or rights.

N. Assignment and Performance

Neither this Agreement nor any right or interest herein shall be assigned, transferred, or encumbered without the written consent of the other party. In addition, Contractor shall

not subcontract any portion of the work required by this Agreement, except as provided in the Schedule of Subcontractor Participation. City may terminate this Agreement, effective immediately, if there is any assignment, or attempted assignment, transfer, or encumbrance, by Contractor of this Agreement or any right or interest herein without City's written consent.

Contractor represents that each person who will render services pursuant to this Agreement is duly qualified to perform such services by all appropriate governmental authorities, where required, and that each such person is reasonably experienced and skilled in the area(s) for which he or she will render his or her services.

Contractor shall perform Contractor's duties, obligations, and services under this Agreement in a skillful and respectable manner. The quality of Contractor's performance and all interim and final product(s) provided to or on behalf of City shall be comparable to the best local and national standards.

In the event Contractor engages any subcontractor in the performance of this Agreement, Contractor shall ensure that all of Contractor's subcontractors perform in accordance with the terms and conditions of this Agreement. Contractor shall be fully responsible for all of Contractor's subcontractors' performance, and liable for any of Contractor's subcontractors' non-performance and all of Contractor's subcontractors' acts and omissions. Contractor shall defend at Contractor's expense, counsel being subject to City's approval or disapproval, and indemnify and hold City and City's officers, employees, and agents harmless from and against any claim, lawsuit, third party action, fine, penalty, settlement, or judgment, including any award of attorney fees and any award of costs, by or in favor of any of Contractor's subcontractors for payment for work performed for City by any of such subcontractors, and from and against any claim, lawsuit, third party action, fine, penalty, settlement, or judgment, including any award of attorney fees and any award of costs, occasioned by or arising out of any act or omission by any of Contractor's subcontractors or by any of Contractor's subcontractors' officers, agents, or employees. Contractor's use of subcontractors in connection with this Agreement shall be subject to City's prior written approval, which approval City may revoke at any time.

O. Conflicts

Neither Contractor nor any of Contractor's employees shall have or hold any continuing or frequently recurring employment or contractual relationship that is substantially antagonistic or incompatible with Contractor's loyal and conscientious exercise of judgment and care related to Contractor's performance under this Agreement.

Contractor further agrees that none of Contractor's officers or employees shall, during the term of this Agreement, serve as an expert witness against City in any legal or administrative proceeding in which he, she, or Contractor is not a party, unless compelled by court process. Further, Contractor agrees that such persons shall not give sworn testimony or issue a report or writing, as an expression of his or her expert opinion, which is adverse or prejudicial to the interests of City in connection with any such pending or threatened legal or administrative proceeding unless compelled by court process. The limitations of this section shall not preclude Contractor or any persons in any way from representing themselves, including giving expert testimony in support thereof, in any action or in any administrative or legal proceeding.

In the event Contractor is permitted pursuant to this Agreement to utilize subcontractors to perform any services required by this Agreement, Contractor agrees to require such subcontractors, by written contract, to comply with the provisions of this section to the same extent as Contractor.

P. Schedule and Delays

Time is of the essence in this Agreement. By signing, Contractor affirms that it believes the schedule to be reasonable; provided, however, the parties acknowledge that the schedule might be modified as the City directs.

Q. Materiality and Waiver of Breach

City and Contractor agree that each requirement, duty, and obligation set forth herein was bargained for at arm's-length and is agreed to by the parties in exchange for *quid pro quo*, that each is substantial and important to the formation of this Agreement and that each is, therefore, a material term hereof.

City's failure to enforce any provision of this Agreement shall not be deemed a waiver of such provision or modification of this Agreement. A waiver of any breach of a provision of this Agreement shall not be deemed a waiver of any subsequent breach and shall not be construed to be a modification of the terms of this Agreement.

R. Compliance With Laws

Contractor shall comply with all applicable federal, state, and local laws, codes, ordinances, rules, and regulations in performing Contractor's duties, responsibilities, and obligations pursuant to this Agreement.

S. Severance

In the event a portion of this Agreement is found by a court of competent jurisdiction to be invalid or unenforceable, the provisions not having been found by a court of competent jurisdiction to be invalid or unenforceable shall continue to be effective.

T. Limitation of Liability

The City desires to enter into this Agreement only if in so doing the City can place a limit on the City's liability for any cause of action for money damages due to an alleged breach by the City of this Agreement, so that its liability for any such breach never exceeds the sum of \$1,000. Contractor hereby expresses its willingness to enter into this Agreement with Contractor's recovery from the City for any damage action for breach of contract or for any action or claim arising from this Agreement to be limited to a maximum amount of \$1,000 less the amount of all funds actually paid by the City to Contractor pursuant to this Agreement.

Accordingly, and notwithstanding any other term or condition of this Agreement, Contractor hereby agrees that the City shall not be liable to Contractor for damages in an amount in excess of \$1,000 which amount shall be reduced by the amount actually paid by the City to Contractor pursuant to this Agreement, for any action for breach of contract or for any action or claim arising out of this Agreement. Nothing contained in this paragraph

or elsewhere in this Agreement is in any way intended to be a waiver of the limitation placed upon City's liability as set forth in Section 768.28, Florida Statutes.

U. Jurisdiction, Venue, Waiver, Waiver of Jury Trial

This Agreement shall be interpreted and construed in accordance with and governed by the laws of the State of Florida. Venue for any lawsuit by either party against the other party or otherwise arising out of this Agreement, and for any other legal proceeding, shall be in the Seventeenth Judicial Circuit in and for Broward County, Florida, or in the event of federal jurisdiction, in the Southern District of Florida, Fort Lauderdale Division.

In the event Contractor is a corporation organized under the laws of any province of Canada or is a Canadian federal corporation, the City may enforce in the United States of America or in Canada or in both countries a judgment entered against the Contractor. The Contractor waives any and all defenses to the City's enforcement in Canada of a judgment entered by a court in the United States of America.

V. Amendments

No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document prepared with the same or similar formality as this Agreement and executed by the Mayor-Commissioner and/or City Manager, as determined by City Charter and Ordinances, and Contractor or others delegated authority to or otherwise authorized to execute same on their behalf.

W. Prior Agreements

This document represents the final and complete understanding of the parties and incorporates or supersedes all prior negotiations, correspondence, conversations, agreements, and understandings applicable to the matters contained herein. The parties agree that there is no commitment, agreement, or understanding concerning the subject matter of this Agreement that is not contained in this written document. Accordingly, the parties agree that no deviation from the terms hereof shall be predicated upon any prior representation or agreement, whether oral or written.

X. Payable Interest

Except as required and provided for by the Florida Local Government Prompt Payment Act, City shall not be liable for interest for any reason, whether as prejudgment interest or for any other purpose, and in furtherance thereof Contractor waives, rejects, disclaims and surrenders any and all entitlement it has or may have to receive interest in connection with a dispute or claim based on or related to this Agreement.

Y. Representation of Authority

Each individual executing this Agreement on behalf of a party hereto hereby represents and warrants that he or she is, on the date he or she signs this Agreement, duly authorized by all necessary and appropriate action to execute this Agreement on behalf of such party and does so with full legal authority.

AA. Uncontrollable Circumstances ("Force Majeure")

The City and Contractor will be excused from the performance of their respective obligations under this agreement when and to the extent that their performance is delayed or prevented by any circumstances beyond their control including, fire, flood, explosion, strikes or other labor disputes, act of God or public emergency, war, riot, civil commotion, malicious damage, act or omission of any governmental authority, delay or failure or shortage of any type of transportation, equipment, or service from a public utility needed for their performance, provided that:

A. The non performing party gives the other party prompt written notice describing the particulars of the Force Majeure including, but not limited to, the nature of the occurrence and its expected duration, and continues to furnish timely reports with respect thereto during the period of the Force Majeure;

B. The excuse of performance is of no greater scope and of no longer duration than is required by the Force Majeure;

C. No obligations of either party that arose before the Force Majeure causing the excuse of performance are excused as a result of the Force Majeure; and

D. The non-performing party uses its best efforts to remedy its inability to perform. Notwithstanding the above, performance shall not be excused under this Section for a period in excess of two (2) months, provided that in extenuating circumstances, the City may excuse performance for a longer term. Economic hardship of the Contractor will not constitute Force Majeure. The term of the agreement shall be extended by a period equal to that during which either party's performance is suspended under this Section.

BB. Scrutinized Companies

Subject to *Odebrecht Construction, Inc., v. Prasad*, 876 F.Supp.2d 1305 (S.D. Fla. 2012), *affirmed*, *Odebrecht Construction, Inc., v. Secretary, Florida Department of Transportation*, 715 F.3d 1268 (11th Cir. 2013), this Section applies to any contract for goods or services of \$1 million or more:

The Contractor certifies that it is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and that it does not have business operations in Cuba or Syria as provided in section 287.135, Florida Statutes (2014), as may be amended or revised. The City may terminate this Contract at the City's option if the Contractor is found to have submitted a false certification as provided under subsection (5) of section 287.135, Florida Statutes (2014), as may be amended or revised, or been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or has been engaged in business operations in Cuba or Syria, as defined in Section 287.135, Florida Statutes (2014), as may be amended or revised.

CC. Public Records

Contractor shall:

- (a) Keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the service.
- (b) Provide the public with access to public records on the same terms and conditions that the City would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes (2014), as may be amended or revised, or as otherwise provided by law.
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.
- (d) Meet all requirements for retaining public records and transfer, at no cost, to the City, all public records in possession of the contractor upon termination of this contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the City in a format that is compatible with the information technology systems of the City.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE

By: [Signature]
City Manager

Approved as to form:

[Signature]
Senior Assistant City Attorney

ATTEST

By: [Signature]
Print Name: Karla Sanson
Title: Office Manager

Wakely Consulting Group, Inc.,

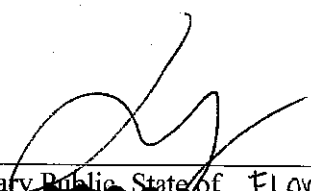
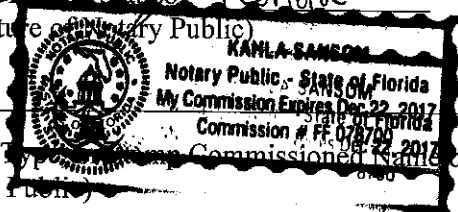
By: [Signature]
Print Name: Julie Lambert
Title: President

(CORPORATE SEAL)

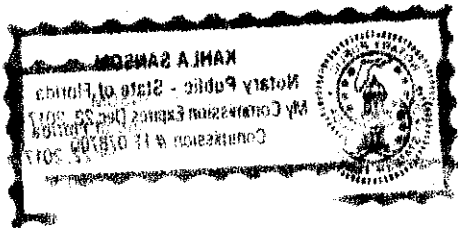
STATE OF FLORIDA :
COUNTY OF Pinellas :

The foregoing instrument was acknowledged before me this 29 day of August, 2014, by Julia Lambert, as president for Wakely Consulting Group, Inc., a Florida corporation.

(SEAL)


Notary Public, State of Florida
(Signature of Notary Public)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced _____



BUSINESS ASSOCIATE AGREEMENT

This Agreement is made and entered into this 18th day of November, 2014, by and between the City of Fort Lauderdale, a Florida municipality (hereinafter referred to as the "Covered Entity" or "City") and Wakely Consulting Group, Inc., a Florida corporation, (hereinafter referred to as "Business Associate").

WHEREAS, the Covered Entity and the Business Associate have established a business relationship in which Business Associate, acting for or on behalf of Covered Entity, receives Protected Health Information as defined by the Health Insurance Portability and Accountability Act of 1996 ("Act"); and

WHEREAS, the Covered Entity and the Business Associate desire to comply with the requirements of the Act's Privacy Rule as further set out below.

NOW, THEREFORE, in consideration of the mutual covenants, promises and agreements set forth herein, the Covered Entity and the Business Associate agree as follows:

1. Definitions

a. Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in the Privacy and Security Rules ("Privacy Rule"), as codified in 45 Code of Federal Regulations Parts 160 through 164, as may be amended.

2. Obligations and Activities of Business Associate

a. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law.

b. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

c. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

d. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.

e. Business Associate agrees to ensure that any agent or subcontractor, to whom it provides Protected Health Information received from, or

created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.

f. Business Associate agrees to provide access, at the request of Covered Entity, and in a reasonable time and manner, to Protected Health Information in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524, if the Business Associate has Protected Health Information in a Designated Record Set.

g. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of Covered Entity or an Individual, in a reasonable time and manner, if Business Associate has Protected Health Information in a Designated Record Set, or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. 164.526.

h. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary, in a reasonable time and manner or as designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

i. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

j. Business Associate agrees to provide to Covered Entity or an Individual, within thirty (30) days of receipt of a written request from the Covered Entity or an Individual, information collected in accordance with Section 2.i of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 C.F.R. § 164.528.

k. Sections 164.308, 164.310, 164.312, and 164.316 of Title 45, Code of Federal Regulations, shall apply to Business Associate in the same manner that such sections apply to Covered Entity.

l. Business Associate shall comply with the privacy, security, and security breach notification provisions applicable to a business associate pursuant to Subtitle D of the Health Information Technology for Economic and Clinical Health Act, which is Title XIII of Division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), 42 U.S.C.A. § 17921 *et seq.* (2014), as may be amended or revised, ("HITECH"), any regulations promulgated thereunder, and any amendments to the Privacy Rule, all of which are hereby incorporated herein by reference.

3. Permitted Uses and Disclosures by Business Associate

a. Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in the Agreement for Actuarial Services for Self-Funded Medical Plan, No. 745-11427, between the City of Fort Lauderdale and the Business Associate ("Original Contract"), provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

4. Specific Use and Disclosure Provisions

a. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

b. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

c. Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

d. Business Associate may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 C.F.R. § 164.502(j)(1).

e. Business Associate may use Protected Health Information to deidentify the information in accordance with 45 C.F.R. 164.514(a)-(c).

f. Business Associate may use Protected Health Information as required by law.

g. Business Associate agrees to make uses and disclosures and requests for protected health information consistent with Covered Entity's minimum necessary policies and procedures.

h. Business Associate may not use or disclose protected health information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except for the specific uses and disclosures set forth above.

5. Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any limitation(s) in the notice of privacy practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information.

b. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by an Individual to use or disclose his or her Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.

c. Covered Entity shall notify Business Associate of any restriction on the use or disclosure of Protected Health Information that Covered Entity has agreed to or is required to abide by under 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.

6. Permissible Requests by Covered Entity

a. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under Subpart E of 45 C.F.R. Part 164 if done by Covered Entity, except that Business Associate may use or disclose Protected Health Information for data aggregation or management and administrative activities of Business Associate if required by the terms of the Original Contract.

7. Term and Termination

a. The Term of this Agreement shall be effective as of the effective date of the Original Contract, and shall terminate when the Original Contract terminates. Upon termination, all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, shall be destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, or if it is illegal to destroy Protected Health Information, the protections are extended to such information, in accordance with the termination provisions in this Section.

b. Upon either party's knowledge of a material breach by the other party, the nonbreaching party shall either:

1. Provide an opportunity of at least thirty (30) days for the breaching party to cure the breach or end the violation and terminate this Agreement

and the Original Contract if the breaching party does not cure the breach or end the violation within the time specified by the nonbreaching party;

2. Immediately terminate this Agreement and the Original Contract if the breaching party has breached a material term of this Agreement and cure is not possible; or

3. If neither termination nor cure is feasible, the nonbreaching party shall report the violation to the Secretary.

c. Effect of Termination

1. Except as provided in paragraph (2) of this section, upon termination of this Agreement, for any reason, Business Associate shall return, or destroy, except as prohibited by the Florida public records law, all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.

2. In the event that Business Associate's return or destruction of the Protected Health Information would be infeasible or illegal, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible or illegal, for so long as Business Associate maintains such Protected Health Information. Upon written request from the Covered Entity, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible or illegal. At all times Business Associate shall comply with the Florida public records law and exemptions therefrom, and applicable Florida records retention requirements.

8. Miscellaneous

a. A reference in this Agreement to a section in the Privacy Rule means the section as in effect or as amended or revised.

b. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191. If the parties are unable to reach agreement regarding an amendment to this Agreement, either Business Associate or Covered Entity may terminate this Agreement upon ninety (90) days written notice to the other party.

c. The respective rights and obligations of Business Associate under Sections 7(c)(1) and 7(c)(2) of this Agreement shall survive the termination of this Agreement.

d. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule.

e. Business Associate shall indemnify, hold harmless, and defend at Business Associate's expense, counsel being subject to Covered Entity's approval, the Covered Entity, and the Covered Entity's officers and employees (collectively "indemnitees"), against any and all claims, actions, lawsuits, damages, losses, liabilities, judgments, fines, penalties, costs, and expenses incurred by any of the indemnitees arising out of or in connection with Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or any act or omission by Business Associate or by any of Business Associate's officers, employees, agents, or subcontractors, including Business Associate's failure to perform any of its obligations under the Privacy Rule. Business Associate shall pay any and all expenses, fines, judgments, and penalties, including court costs and attorney fees, which may be imposed upon any of the indemnitees resulting from or arising out of Business Associate's or any of Business Associate's officers', employees', agents', or subcontractors' breach of this Agreement or other act or omission.

f. Venue for any lawsuit or any other legal proceedings brought by either party against the other party or otherwise arising out of this Agreement, shall be in Broward County, Florida, or, in the event of federal jurisdiction, in the United States District Court for the Southern District of Florida, with appellate jurisdiction in the respective corresponding appellate tribunals.

g. Notwithstanding anything contained in this Agreement to the contrary, except as otherwise provided by federal law, Business Associate shall:

(1) Keep and maintain public records that ordinarily and necessarily would be required by Covered Entity in order to perform the Services.

(2) Provide the public with access to public records on the same terms and conditions that Covered Entity would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes (2014), as may be amended or revised, or as otherwise provided by law.

(3) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.

(4) Meet all requirements for retaining public records and transfer, at no cost, to Covered Entity, all public records in possession of Business Associate upon termination of this contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to Covered Entity in a format that is compatible with Covered Entity's information technology systems.

IN WITNESS WHEREOF, the City of Fort Lauderdale and Wakely Consulting Group, Inc., execute this Business Associate Agreement as follows:

By: [Signature]
Mayor

CITY OF FORT LAUDERDALE
By: [Signature]
City Manager

ATTEST:
[Signature]
City Clerk

Approved as to form:
[Signature]
Senior Assistant City Attorney

WITNESSES:
[Signature]
(Signature)
Print Name: Yingfei Ma

Wakely Consulting Group, Inc.
By: [Signature]
Julia Lambert
President

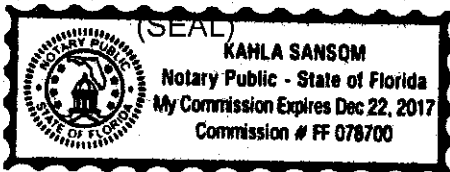
[Signature]
(Signature)
Print Name: Jackson Hall

ATTEST:
[Signature]
Print Name: Kahlia Sansom
Title: Office Manager

(CORPORATE SEAL)

STATE OF FLORIDA
COUNTY OF PINEHILLS

The foregoing Business Associate Agreement was acknowledged before me this 9th day of December, 2014, by Julia Lambert as president for Wakely Consulting Group, Inc., a Florida corporation.



[Signature]
Notary Public, State of FLORIDA
(Signature of Notary Public - State of FL)
KAHLIA SANSOM
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced _____

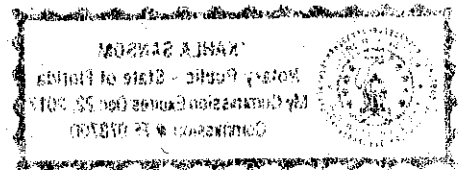


EXHIBIT B

Response to:

City of Fort Lauderdale RFP #745-11427

Actuarial Services for Self-Funded Medical Plan

Prepared by:

Wakely Consulting Group, Inc.

July 2, 2014

Copy #2

City of Fort Lauderdale

RFP #745-11427

—) Actuarial Services for Self-Funded Medical Plan

Tab 1

Bid/Proposal Signature

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: Proposals must be submitted by hard copy only. It will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Services Division, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: All fields below must be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: Julia Lambert (signature) 6-30-2014 (date)

Name (printed) Julia S. Lambert Title President

Company: (Legal Registration) Wakley Consulting Group, Inc.

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/>).

Address: 17757 US Highway 19 N Suite 310

City Clearwater State: FL Zip 33764

Telephone No 727-507-9858 FAX No. 727-507-9658 Email: JuliaL@wakely.com

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): _____

Payment Terms (section 1.04): _____ Total Bid Discount (section 1.05): _____

Does your firm qualify for MBE or WBE status (section 1.09): MBE _____ WBE _____

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.

Date Issued

P-CARDS: Will your firm accept the City's Credit Card as payment for goods/services?

YES _____ NO X

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. **HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS.** If this section does not apply to your bid, simply mark N/A in the section below.

Variances:

City of Fort Lauderdale

RFP #745-11427

—) Actuarial Services for Self-Funded Medical Plan

Tab 2

Cost Proposal

PART VII - PROPOSAL PAGES – COST PROPOSAL

FIRM, FIXED HOURLY RATE: \$350

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City of Fort Lauderdale

RFP #745-11427

Actuarial Services for Self-Funded Medical Plan

Tab 3

Required Documents

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NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

(—)

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CERTIFICATE OF LIABILITY INSURANCE

WAKEL-3

OP ID: KW

DATE (MM/DD/YYYY)

03/26/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bouchard-Clearwater 101 Starcrest Drive P O Box 6090 Clearwater, FL 33758-6090 Yvette M Wilson, CIC, AAI		Phone: 727-447-6481 Fax: 727-449-1267	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):																					
INSURED Wakely Consulting Group, Inc. Brian Weible 17757 US 19 N STE 310 Clearwater, FL 33764-3143		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Ohio Security Insurance Co</td><td>24082</td></tr><tr><td>INSURER B:</td><td>Ohio Casualty Insurance Co</td><td>24074</td></tr><tr><td>INSURER C:</td><td>Evanston Insurance Company</td><td>35378</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>			INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Insurance Co	24082	INSURER B:	Ohio Casualty Insurance Co	24074	INSURER C:	Evanston Insurance Company	35378	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																									
INSURER E:																									
INSURER F:																									

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		BLS55494599	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 15,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
A	AUTOMOBILE LIABILITY			BAS55494599	04/01/2014	04/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/>	PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			USO55494599	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000	
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						P/CO Agg \$ 1,000,000	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				WC STATUTORY LIMITS OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
C	PROFESSIONAL LIAB			EO856511	04/01/2014	04/01/2015	PRFL \$2mm/\$4mm	
C	CYBER LIAB			DB501548	04/01/2014	04/01/2015	CYBER \$1mm/\$1mm	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER IS ADDITIONAL INSURED AS RESPECTS GENERAL LIABILITY ONLY IF REQUIRED BY WRITTEN CONTRACT, AND SUBJECT TO THE TERMS, CONDITIONS AND LIMITS AS SPECIFIED IN THE POLICY.

CERTIFICATE HOLDER**CANCELLATION**

CITYFTL

CITY OF FORT LAUDERDALE
PROCUREMENT SERVICES DEPT
100 N ANDREWS AVE STE 619
FT LAUDERDALE, FL 33301

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



SOI6992

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
3/14/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - 800-868-8834 Wells Fargo Insurance Services USA, Inc. 6100 Fairview Road Charlotte, NC 28210	CONTACT NAME: Kim Rooney PHONE (A/C, No, Ext): 704-553-6464 E-MAIL ADDRESS: kimberly.s.rooney@wellsfargo.com FAX (A/C, No): 704-366-1577																					
INSURED Strategic Outsourcing, Inc. PO Box 241448 Charlotte, NC 28224	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hartford Fire Insurance Company	19682	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Hartford Fire Insurance Company	19682																				
INSURER B:																						
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 5738002**REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	22WNG30001	03/01/2013	03/01/2014	X WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

LIMITED TO EMPLOYEES LEASED TO WAKELY CONSULTING GROUP, CORP. BY STRATEGIC OUTSOURCING, INC.

CERTIFICATE HOLDERWAKELY CONSULTING GROUP, CORP.
9777 PYRAMID CT, STE 260
ENGLEWOOD CO 80112**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

The ACORD name and logo are registered marks of ACORD

© 1988-2010 ACORD CORPORATION. All rights reserved.

City of Fort Lauderdale

RFP #745-11427

Actuarial Services for Self-Funded Medical Plan

Tab 4

Statement of Proposed Services

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The following is our understanding of the consulting services for The City of Fort Lauderdale (the City)' Self-Funded Health Plan:

- ◆ For the Self-Insured Health Plan (the Plan), the City is seeking a qualified vendor to provide actuarial, financial and consulting services including rate adequacy for the self-funded health plan. The vendor will be required to prepare an actuarial review, analysis and certification of reserves for the self-funded health plan. The plan report will include, at a minimum, the following:
 - ◆ Review the health plan for actuarial soundness annually as required by Florida Statute 112.08;
 - ◆ Complete and file the documents required by F.S. 112.08;
 - ◆ Provide an annual review of the plan that includes but is not limited to:
 - ◆ Claim liability estimates as requested including loss adjustment expense (LAE);
 - ◆ Review the adequacy of contribution rates in relation to all expenses of the Plan;
 - ◆ Review the rate structure of the plan;
 - ◆ Evaluate the reasonableness of the stop-loss coverage pricing and make a recommendation on the attachment point;
 - ◆ Propose and review proposed benefit changes and provide studies as to the impact to contribution rates;
 - ◆ Perform re-pricing analyses of hospital and physician provider claim discounts;
 - ◆ Analyze claims and utilization for the purpose of identifying ROI;
 - ◆ Provide a statement of the adequacy of assets;
 - ◆ In the event liabilities of the Plan are not fully supported by assets, provide a plan to amortize such liabilities;
 - ◆ Validation of methods and standards used in the actuarial study;
 - ◆ Statement of actuarial soundness as appropriate to the funding levels and anticipated operating results;
 - ◆ Verify that the Plan has met all requirements of the Office of Insurance Regulation (OIR) for the filing of a self-funded plan under FS112.08.

Wakely Consulting Group routinely provides health care projections (scenario analysis), reserve fund estimates and determination of outstanding medical liabilities (IBNR) for our clients. Wakely provides similar services for over 40 self-funded government health programs under Florida Statute 112.08 each year, as well as for commercial employers not covered by F.S. 112.08.

Using statistical tools and various modeling techniques, we are able to help our clients see the risks involved in their programs and make sure they have set aside an appropriate amount of

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City of Fort Lauderdale
RFP #745-11427
Actuarial Services for Self-Funded Medical Plan

assets to cover both anticipated and unanticipated future obligations and to assure financial solvency.

Our consultants who specialize in this type of analysis have been performing these services for over 15 years. Because of the large number of self-funded health programs that we analyze of this nature every year, we have developed proprietary software that allows us to quickly and efficiently get to the key items above — expense projections, reserve balances, IBNR estimates and rate projections. Included under Tab 11 is an example of the analysis of two similar government clients and the report of our findings.

Following this page are the resumes of the key personnel expected to be employed on this project. Following the resumes is a print from the Directory of Actuarial Memberships showing the credentialed actuaries working for Wakely Consulting Group. All actuaries at Wakely Consulting Group are Members of the American Academy of Actuaries and Society of Actuaries.

Wakely Consulting Group, Inc. is confident we can provide all the required services and more, as we have for many years.. Working with you and your staff to achieve financially successful programs for a very reasonable cost will be a mutually rewarding outcome. We look forward to continuing our long-term relationship.

Possible time-line beginning August 2014

First-Year

FS112.08 – Plan year ends 9/30/2014, report due 12/31/2014

2015 Rate projections – 9/2014 using data through 7/31/2014

Clinic Cost Benefit Analysis – 3/2015 using data through 7/2014

Benefit Review including cost estimates for changes effective 1/1/2016 – analysis 7/2015 using data through 4/2015

Second-Year Required Reviews Reassessing or Further Options

FS112.08 – 9/30/2015 due 12/31/2015

2016 Rate projections – 9/2015 using data through 7/31/2015

Clinic Cost Benefit Analysis – 3/2016

Benefit Review – including cost estimates for changes effective 1/1/2017 – analysis 7/2016 using data through 4/2016

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Key Team Member Biographies

Alison Pool, ASA, MAA, Senior Consulting Actuary, will serve as project manager for the Self-Insured Health Plan. Alison's areas of specialization include the following:

- Third-party plan administration
- Self-Funded employer funding/contribution rate development
- State rate filings and actuarial certifications
- Claim liability analysis
- Rate adequacy analysis
- Effectiveness and pricing of managed care products
- Management of Medicare Plan Benefit Packages (PBPs)
- Retiree Drug Subsidy attestations and management
- Medicare Advantage
- Affordable Care Act

Since entering the actuarial profession in 1983, Alison was employed with a Blue Cross/Blue Shield company and the nation's largest independent third party administrator (TPA) of health insurance plans for small employers. Alison joined Wakely and Associates in 1996, and was one of the original employees of Wakely on its founding in 1999.

Alison is a senior consulting actuary with Wakely Consulting Group. She joined the firm in 1996 and has worked as a health actuary for more than 25 years.

George Hawkins, FSA, MAAA, Senior Consulting Actuary, will assist in actuarial, financial and consulting services including rate adequacy for the self-funded health plan. George's areas of specialization include the following:

- Medical benefits
- Valuation of liabilities for health plans, particularly government programs
- Experience rating and experience studies
- Projections for self-funded medical programs
- Retiree Drug Subsidy attestations and management

George joined the firm in 2005 and has worked as a health actuary for more than 30 years.

George started his career with a small mutual insurance company in 1969, rising to the position of chief group actuary, before becoming chief actuary of HealthPlan Services, the nation's largest third party administrator of small employer plans. He joined Wakely and Associates, the predecessor firm to Wakely Consulting Group, in 1996. He has been the lead consultant for the Board of a large state plan covering more than 150,000 members and directed all the services Wakely provided to the Board. He has worked in the group insurance area since 1971. George has presented teaching seminars and other seminars at meetings of the Society of Actuaries and other organizations, and co-wrote a study note on the financial management of small employer group insurance that was on the Society of Actuaries examination syllabus.

City of Fort Lauderdale
RFP #745-11427
Actuarial Services for Self-Funded Medical Plan

Jackson Hall, Actuarial Analyst, will also serve as support for the rate adequacy valuation in the preparation and analysis of the data provided by the City. Jackson graduated from Florida State University in May 2013 with a B.S. in actuarial science and immediately joined Wakely. He has been involved in claim liability analysis, GASB valuation, Medicare Advantage bid development and rate reviews for various state exchanges throughout the country.

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EXHIBIT C

Questionnaire - Actuarial RFP

1. State the number of years Contractor's firm has been in existence, the number of years Contractor has provided the services requested, the current number of actuaries, total number of employees and the primary markets served.

Wakely Consulting Group (Wakely) was formed 15 years ago, April 1, 1999, as a spinoff of Wakely & Associates, which had been formed in 1966.

Some of the current associates have been performing the services requested for more than twenty years.

Wakely has approximately 30 credentialed actuaries in offices in Clearwater (12), Denver, and Minneapolis. Wakely has approximately 65 total associates in all its offices.

Wakely works only in the health insurance field, serving employers with self-funded health plans, HMOs, and insurance companies.

2. Describe the firm, including the size and range of services performed. Particular emphasis should be given as to how the firm-wide experience and expertise in the area addressed by the RFP Scope of Services will be brought to bear on the proposed work.

Wakely is an actuarial consulting firm, owned by two principals who are credentialed actuaries and who work for the firm full-time. We concentrate on actuarial issues for health plans and those who provide health plans in the Medicare, Medicaid, and Commercial markets. This includes employer plan filings under Florida Statute 112.08. We believe we have completed more such filings than any other firm.

Additionally, we perform commercial rate filings, including federal filings under the Affordable Care Act, and certification of bids for Medicare Advantage plans. We have certified filings for Medicaid plans in Florida and other states. We also perform attestations and account management for employers who are participating in the Retiree Drug Subsidy program.

3. Describe and include documentation of any relevant licenses and/or certifications held by the Contractor or actuary to be assigned to the City's projects.

Services provided under the contract will be performed by credentialed actuaries who are members of the Society of Actuaries and the American Academy of Actuaries. Some of the work will be performed by analysts with appropriate experience with college degrees in actuarial science, under supervision of credentialed actuaries.

A listing of our staff, locations, and professional designations can be found at:

<https://www.wakely.com/actuaries/>

or by going to <http://www.soa.org/> and searching the membership directory for Wakely Consulting Group.

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4. Describe Contractors and any key personnel assigned to the City's projects, specifically experience in providing self-funded health related services including setting employee/employer contributions and analyzing provider network discounts.

The key person assigned to the project will be Alison L. Pool, ASA, MAAA, who has been performing such services for over 15 years and for the City of Fort Lauderdale since the inception of the self-funded health plan.

5. Describe experience providing services requested including annual certification, development of rate equivalents, rate projections, CDHP/HRA analysis, analysis of ROI for employee health center and the analysis of provider network discounts.

Wakely has been providing services for F.S. 112.08 certifications for nearly 20 years and has performed several analyses for the government employers and other self-funded employers, regarding the development of rate equivalents and rate projections (contribution estimates) including the impact of varying provider network discounts, benefit changes, and the impact of adding health centers. In addition, we have worked with employer groups to measure the impact of different provider networks.

6. Provide narratives of specific projects you have completed regarding the services requested including recommendations that have been accepted by your clients.

The analyses described are used as tools in the decision making process. Rather than specific recommendations, we provide data to help the client.

Our analysis of a health center includes reviewing the office visit shift from private providers to the health center. For a self-funded plan, the cost savings may be realized when the higher cost office visit is replaced by the fixed cost health center. Further ROI may be realized from the impact of drugs dispensed from the health center.

Our analysis of provider network discounts has been associated with self-funded plans considering changing administrators. The true cost differential is the result of the combined effect of different administrative costs and the effect of discounts in the provider networks. Our analysis has provided the information for employers to make an informed decision with both effects in mind.

Rate equivalents and rate projections are routinely provided to clients. In the case of clients with multiple employee groups, such as union groups, we have provided analyses of rates and contribution options that may be relied upon in negotiations. At times, we have been present for negotiations as support personnel providing quick turnaround for the impact of benefit changes/contribution options.

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City of Fort Lauderdale
RFP #745-11427
Actuarial Services for Self-Funded Medical Plan

7. Based on your review and understanding of the scope of services requested, provide an estimate of the number of hours you anticipate will be necessary to complete the required work.

Following is an estimate of hours based on the 1st year of projects presented in Tab 4:

FS112.08 certification including claim liability estimate: 12 hours

2015 Rate projections (including rate equivalents): 12 hours

Health center analysis: 10 hours

Benefit Review: 10 hours

Total Estimated hours: 44 hours

8. State the location of the office from which the actuary's work will be performed.

All work will be performed in our office in Clearwater, Florida.

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[Search Directory](#)[Login](#)[Contact Us](#)**Links to Actuarial Organizations:**[Society of Actuaries](#)[American Academy of Actuaries](#)[American Society of Pension Professionals & Actuaries](#)[Canadian Institute of Actuaries](#)[Casualty Actuarial Society](#)[Conference of Consulting Actuaries](#)[The Actuarial Foundation](#)<http://www.beanactuary.org/>[Links to Other Sites](#)**Search the Directory**

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First

Name:

Family / Last

Name:

Job

Title:

Organization:

City:

State/Province:

Country: -- Select --

Zip/Postal:

Phone:

SHIFT-click or CONTROL-click to select multiple

Professional Designations

SOA:ASA
SOA:CERA
SOA:FSA
AAA:MAAA

Academic Degrees

A.A.
A.A.S.
A.B.
A.B.A.

Other Professional Designations

Six Sigma Black Belt
Six Sigma Master Black Belt
Six Sigma Yellow Belt
A+

Industry

<Please Select>

Primary Area of Practice

<Please Select>

Specializations

Academic/Education
Annuities
Audit
Capital Management

Society of Actuaries Section

Actuary of the Future
Education & Research
Entrepreneurial Actuaries
Financial Reporting

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Members Search Result 30 Members Found / 20 Shown.					
Name	Job Title	Organization	City	State/Province	Country
<u>Bach, Christine Sue</u>	Senior Consulting Actuary	Wakely Consulting Group	Minneapolis	MN	USA
<u>Bly, Aree K</u>	Senior Actuarial Consultant	Wakely Consulting Group	Englewood	CO	USA
<u>Bradley, Crystal L</u>	Senior Consulting Actuary	Wakely Consulting Group	Minneapolis	MN	USA
<u>Burkhart, Ronald Dean</u>	Consultant	Wakely Consulting Group	Louisville	KY	USA
<u>Courtney, Timothy D</u>	Senior Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
<u>Davis, Bradley James</u>	Senior Consulting Actuary	Wakely Consulting Group	Minneapolis	MN	USA
<u>de Hombre, Albert</u>	Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
<u>Fann, Gregory G</u>	Senior Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
<u>Hawkins, Jr., George K</u>	Senior Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
<u>Hegemann, Mary K</u>	Director and Senior Consulting Actuary	Wakely Consulting Group	Englewood	CO	USA
<u>Hilson, Danielle Win</u>	Associate Actuary	Wakely Consulting Group	Englewood	CO	USA
<u>Hyers, D Dale</u>	Managing Director	Wakely Consulting Group	Louisville	KY	USA
<u>Lambert, Julia S</u>	President	Wakely Consulting Group	Clearwater	FL	USA
<u>Lerche, Julia Kraemer</u>	Senior Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
<u>Mehmud, Syed Muzayan</u>	Director and Senior Consulting Actuary	Wakely Consulting Group	Englewood	CO	USA
<u>Myers, Daniel B</u>	Actuarial Consultant	Wakely Consulting Group	Englewood	CO	USA
<u>Neiman, David Anthony</u>	Senior Consulting Actuary	Wakely Consulting Group	Englewood	CO	USA

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<u>Peper, Julie A</u>		Wakely Consulting Group	Englewood	CO	USA
<u>Pool, Alison L</u>	Senior Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
<u>Pruisner, Taylor A</u>		Wakely Consulting Group	Englewood	CO	USA
1 2					

Important Note: Please review the Terms of Use with regards to the usage of the Online Directory of Actuarial Memberships. The operators of the Online Directory reserve the right to restrict access to the Online Directory upon violation of these terms.

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[Search Directory](#)[Login](#)[Contact Us](#)**Links to Actuarial Organizations:**[Society of Actuaries](#)[American Academy of Actuaries](#)[American Society of Pension Professionals & Actuaries](#)[Canadian Institute of Actuaries](#)[Casualty Actuarial Society](#)[Conference of Consulting Actuaries](#)[The Actuarial Foundation](#)<http://www.beanactuary.org/>[Links to Other Sites](#)**Search the Directory**Given /
First
Name:Family / Last
Name:Job
Title:

Organization:

City:

State/Province:

Country: -- Select --

Zip/Postal:

Phone:

SHIFT-click or CONTROL-click to select multiple

Professional
DesignationsSOA:ASA
SOA:CERA
SOA:FSA
AAA:MAAA

Academic Degrees

A.A.
A.A.S.
A.B.
A.B.A.Other Professional
DesignationsSix Sigma Black Belt
Six Sigma Master Black Belt
Six Sigma Yellow Belt
A+

Industry

<Please Select>

Primary Area of Practice

<Please Select>

Specializations

Academic/Education
Annuities
Audit
Capital ManagementSociety of Actuaries
SectionActuary of the Future
Education & Research
Entrepreneurial Actuaries
Financial Reporting

Members Search Result					
30 Members Found / 10 Shown.					
Name	Job Title	Organization	City	State/Province	Country
<u>Qin, Xingyi</u>	Consulting Actuary	Wakely Consulting Group	Englewood	CO	USA
<u>Rustagi, Karan</u>					
<u>Schuetz, Daniel Christian</u>		Wakely Consulting Group	Clearwater	FL	USA
<u>Shibata, Michiru</u>	Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
<u>Stanley, Andrew Paul</u>		Wakely Consulting Group	Clearwater	FL	USA
<u>Stevens, Kelsey Leigh</u>	Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
<u>Weible, Brian</u>	Principal	Wakely Consulting Group	Clearwater	FL	USA
<u>Wessling, Steven Cole</u>	Consulting Actuary	Wakely Consulting Group	Minneapolis	MN	USA
<u>Winkelman, Ross A</u>	Managing Director	Wakely Consulting Group	Englewood	CO	USA
<u>Winkler, Gregory Sean</u>	Senior Consulting Actuary	Wakely Consulting Group	Clearwater	FL	USA
1 2					

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City of Fort Lauderdale

RFP #745-11427

—) Actuarial Services for Self-Funded Medical Plan

Tab 5

Business Licenses

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State of Florida

Department of State

I certify from the records of this office that WAKELY CONSULTING GROUP, INC. is a corporation organized under the laws of the State of Florida, filed on February 2, 1999.

The document number of this corporation is P99000010362.

I further certify that said corporation has paid all fees due this office through December 31, 2013, that its most recent annual report/uniform business report was filed on April 23, 2013, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of January, 2014*



Ken Detjen
Secretary of State

Authentication ID: CU2553487888

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

City of Fort Lauderdale

RFP #745-11427

Actuarial Services for Self-Funded Medical Plan

Tab 6

Assessment of Needs

City of Fort Lauderdale
RFP #745-11427
Actuarial Services for Self-Funded Medical Plan

The following is our understanding of the consulting services for The City of Fort Lauderdale (the City)' Self-Funded Health Plan:

- ◆ For the Self-Insured Health Plan (the Plan), the City is seeking a qualified vendor to provide actuarial, financial and consulting services including rate adequacy for the self-funded health plan. The vendor will be required to prepare an actuarial review, analysis and certification of reserves for the self-funded health plan. The plan report will include, at a minimum, the following:
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 - ◆ Complete and file the documents required by F.S. 112.08;
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 - ◆ Review the adequacy of contribution rates in relation to all expenses of the Plan;
 - ◆ Review the rate structure of the plan;
 - ◆ Evaluate the reasonableness of the stop-loss coverage pricing and make a recommendation on the attachment point;
 - ◆ Propose and review proposed benefit changes and provide studies as to the impact to contribution rates;
 - ◆ Perform re-pricing analyses of hospital and physician provider claim discounts;
 - ◆ Analyze claims and utilization for the purpose of identifying ROI;
 - ◆ Provide a statement of the adequacy of assets;
 - ◆ In the event liabilities of the Plan are not fully supported by assets, provide a plan to amortize such liabilities;
 - ◆ Validation of methods and standards used in the actuarial study;
 - ◆ Statement of actuarial soundness as appropriate to the funding levels and anticipated operating results;
 - ◆ Verify that the Plan has met all requirements of the Office of Insurance Regulation (OIR) for the filing of a self-funded plan under FS112.08.

Wakely Consulting Group routinely provides health care projections (scenario analysis), reserve fund estimates and determination of outstanding medical liabilities (IBNR) for our clients. Wakely provides similar services for over 40 self-funded government health programs under Florida Statute 112.08 each year, as well as for commercial employers not covered by F.S. 112.08. Wakely will keep the City informed of the effects of the Affordable Care Act on the Plan.

Using statistical tools and various modeling techniques, we are able to help our clients see the risks involved in their programs and make sure they have set aside an appropriate amount of

City of Fort Lauderdale
RFP #745-11427
Actuarial Services for Self-Funded Medical Plan

assets to cover both anticipated and unanticipated future obligations and to assure financial solvency.

Our consultants who specialize in this type of analysis have been performing these services for over 15 years. Because of the large number of self-funded health programs that we analyze of this nature every year, we have developed proprietary software that allows us to quickly and efficiently get to the key items above — expense projections, reserve balances, IBNR estimates and rate projections. Included under Tab 11 is an example of the analysis of two similar government clients and the report of our findings.

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Wakely Consulting Group, Inc. is confident we can provide all the required services and more, as we have for many years.. Working with you and your staff to achieve financially successful programs for a very reasonable cost will be a mutually rewarding outcome. We look forward to continuing our long-term relationship.

Possible time-line beginning August 2014

First-Year

FS112.08 – Plan year ends 9/30/2014, report due 12/31/2014

2015 Rate projections – 9/2014 using data through 7/31/2014

Clinic Cost Benefit Analysis – 3/2015 using data through 7/2014

Benefit Review including cost estimates for changes effective 1/1/2016 – analysis 7/2015 using data through 4/2015

Second-Year Required Reviews Reassessing or Further Options

FS112.08 – 9/30/2015 due 12/31/2015

2016 Rate projections – 9/2015 using data through 7/31/2015

Clinic Cost Benefit Analysis – 3/2016

Benefit Review – including cost estimates for changes effective 1/1/2017 – analysis 7/2016 using data through 4/2016

Estimated hours for the first year are summarized below.

FS112.08 certification including claim liability estimate: 12 hours

2015 Rate projections (including rate equivalents): 12 hours

Health center analysis: 10 hours

Benefit Review: 10 hours

City of Fort Lauderdale

RFP #745-11427

—) Actuarial Services for Self-Funded Medical Plan

Tab 7

**Ability to assign appropriate
resources in a timely manner**

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City of Fort Lauderdale
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Actuarial Services for Self-Funded Medical Plan

Wakely has a history of working with the City of Fort Lauderdale. We have two assigned consultants and one assigned analyst for this Self-Funded Health Plan. Wakely has 30 credentialed actuaries that may be called upon to complete this task if needed. We are confident we can provide all the required services in a timely manner, as we have for many years.

City of Fort Lauderdale

RFP #745-11427

→ Actuarial Services for Self-Funded Medical Plan

Tab 8

Additional Services Available

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City of Fort Lauderdale
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Actuarial Services for Self-Funded Medical Plan

Wakely can also provide the following services to the City:

GASB Reporting Services

Analysis of Employer Group Waiver Plans for retirees

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City of Fort Lauderdale

RFP #745-11427

—) Actuarial Services for Self-Funded Medical Plan

Tab 9

Subcontractors

N/A

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City of Fort Lauderdale

RFP #745-11427

Actuarial Services for Self-Funded Medical Plan

Tab 10

References

TAB 10 REFERENCES

This proposal requests references for clients for whom Wakely has provided similar work in the last three (3) years. The following is a non-exhaustive representative listing of clients (together with references who may be contacted) for services similar to those being requested by the City pertaining to the Self-Funded Health Plan:

1. Polk County District Public Schools
Ms. Joy Myers, Director - Risk Management & Insurance
1915 S. Floral Avenue
Bartow, FL 33830
863-519-3858, Fax: 863-534-5085
joy.myers@polk-fl.net
FS112.08 filing 3/2012, 3/2013, 3/2014
Rate Reviews including the impact of benefit changes; funding by different employee groups;
clinic impact: 1/2013
Claim Liability Estimates: 8/2012, 8/2013
2. City of Sarasota, Florida
Ms. Stacie L. Mason, Human Resources Director
P.O. Box 1058
Sarasota, FL 34230
941-951-3634, ext. 3744, Fax: 941-954-4131
Stacie.mason@sarasotagov.com
FS112.08 Filing: 12/2011, 12/2012, 12/2013
Rate Review: 8/2013
3. City of Ocala, Florida
Ms. Lyn Viselli, Assistant Director, Human Resources & Risk Management
1805 NE 30th Ave. Bldg 700
Ocala, FL 34470
Phone 352-629-8359
lviselli@ocalafl.org
FS112.08 Filing: 12/2011, 12/2012, 12/2013
Rate Reviews including the impact of benefit changes: 2/2013, 2/2014
4. City of Hollywood, Florida
Ms. Lisa Powell, Assistant Risk Manager, recently retired
Alternate Contact: Mr. Horace McLarty,
2600 Hollywood Blvd.
Hollywood, FL 33020
954-921-3292
hmclarty@hollywoodfl.org
FS112.08 Filing: 12/2011, 12/2012, 12/2013
Rate Review including the impact of benefit changes, 8/2011, 8/2012, 8/2013

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5. Pinellas District Government
Mr. David Blasewitz, Employee Benefits Manager
400 S. Fort Harrison Ave, 4th Floor
Clearwater, FL 33756-5113
727-464-3316, Fax: 727-464-5291
dblasewitz@co.pinellas.fl.us
FS112.08 Filing: 3/2012, 3/2013, 6/2014
Claim liability estimates 12/2011, 12/2012, 12/2013

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City of Fort Lauderdale

RFP #745-11427

Actuarial Services for Self-Funded Medical Plan

Tab 11

Sample Report #1

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July 12, 2011

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Subject: [REDACTED] - RFP Responder Claim Cost Review

Dear [REDACTED]

Wakely Consulting Group was retained to develop an estimate of the expected medical claim costs for [REDACTED] (the City) for January-December 2012. The calculated costs are used in the evaluation of responders to the City's RFP. Responders are proposing to provide services for providing health benefits via a self-insured program (as allowed under Florida Statute 112.08). We have received the required data to develop estimated aggregate medical claim costs for six (6) responders: [REDACTED]
[REDACTED]

All data used in our analysis was provided to us by the responders, the City's current administrator, [REDACTED]. We reviewed the data for reasonableness but the scope of our involvement did not include an audit of the data furnished to us and we have prepared our analysis and conclusions with reliance upon the accuracy of the basic data as furnished.

Methodology

Currently, the City provides health benefits via self-insured plans administered by [REDACTED]. We were provided the City's a data base including detail claim data paid through March 31, 2011. We utilized claims incurred January 2010- December 2010, paid through March 2011. The claim data was divided into eight (8) categories: inpatient facility, outpatient, emergency centers, kidney dialysis, ASC/clinics/other outpatient facilities, physicians, diagnostic imaging, and other. Specific claim information was given to each of the responders and they were asked to reprice the claims (provide the allowed charges) based on the information given.

Following is a breakdown of the claim dollars in the sample and the number of claims in the sample for each category. The dollars are measured by the submitted claim costs (as the claims were originally submitted to [REDACTED]).

HMO	Percentage of total submitted \$ in sample	Percentage of total number of claims in sample
IP Hospital	59.5%	12.5%
OP Hospital	10.4%	10.0%
Emergency Centers	0.5%	1.5%
Kidney Dialysis	0.6%	1.5%
ASC/Clinic/Other OP Facility	17.5%	6.0%
Physicians	9.7%	56.0%
Diagnostic Imaging	1.4%	5.0%
Other	0.4%	7.5%

The responders were asked to provide allowed costs for the selection of sample claims. The sample of claims is expected to represent typical claim type and usage for members in the City's medical plan. Comparing the allowed costs for each category to the submitted cost results in an estimate of the discounts the City would expect with each responder. The estimated discounts were applied to each category of claims using the claim data incurred in 2010, paid through March 2011. The total of the categories after the estimated discounts are applied represents the expected claims if the City's medical benefits were provided by the responder for the 2010 plan year before *cost sharing and before trending to 2012 expected costs*.

The City has requested the expected medical claim costs for the 2012 plan year. To estimate the medical claim costs for 2012 we have assumed an annual trends of 7.0% and 7.9% (2010,2011 respectively), consistent with the most recent filing of the self-funded health plan with the Office of Insurance Regulation (the OIR). Our analysis assumes all claims are based on the City's 2010 benefit structure.

Results

Exhibit A shows the results of our analysis. In Exhibit A, we are reporting the deviation of expected claims based on the self-reported claim discounts from the responders. The detail information provided verified the reported discounts were reasonable. In cases where a guarantee or self-reported discount was not provided, we assumed the results of the repricing exercise provided reasonable results.

The results shown in Exhibit A are estimates only. Our analysis is not intended to determine the actual discounts or contracts any of the responders have with providers but rather to estimate,

based on the City's experience and use of area providers, what the expected medical costs will be for the City's medical plan in total for 2012.

We appreciate the opportunity to work with the City and

Please let us know if questions arise concerning our analysis, assumptions or calculations. We look forward to working with the City in the future.

Please call with any questions or concerns you may have.

Sincerely,

Alison L. Pool
Senior Consulting Actuary
727.507.9858, ext. 7469

RFP Responder Review 2011
Deviation from Expected Medical Costs - 2012

	Responder #1	Responder #2	Responder #3	Responder #4	Responder #5	Responder #6
Percent Deviation from current medical projection	-1.8%	0.0%	-8.8%	-13.0%	15.1%	2.9%

City of Fort Lauderdale

RFP #745-11427

—) Actuarial Services for Self-Funded Medical Plan

Tab 11

Sample Report #2

—)

)

)

May 24, 2013

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Subject: [REDACTED] of County Commissioners Self-Funded Medical Program

Dear Board Members:

Wakely Consulting Group, Inc. has been retained on behalf of the [REDACTED] Board of County Commissioners (the Board) to report upon the liabilities and actuarial soundness of the Self-Funded Medical Plan (the Plan) and should be used for no other purpose. This letter is to report our conclusions on the actuarial soundness of the Plan and provide additional information concerning the operation of the Plan and trends we have observed as a result of our analysis.

This report includes opinions and supporting exhibits concerning:

- 1) determination of an appropriate claim liability as of September 30, 2012;
- 2) sufficiency of funds available to cover outstanding claim liabilities;
- 3) appropriateness of the Plan's current rate structure in the aggregate.

In addition to expressing opinions on the above items, we have expressed opinions and recommendations about other phases of the operation of the program as well. This was done as a by-product of the analysis so as to give as much information as possible concerning the program's operation. Following our analysis of the operation of the program, we include a deeper analysis of the historical view of the operation of the plan and historical claim patterns experienced by the Plan.

Our methods follow American Academy of Actuaries standards and guidelines:

Actuarial Standard of Practice No. 5, "Incurred Health and Disability Claims"

We followed his ASOP with no deviation.

Actuarial Standard of Practice No. 23, "Data Quality"

We followed his ASOP with no deviation. We relied on the claim or other data received from [REDACTED] Department of Risk Management. We reviewed the data for reasonability and completeness, but did not audit the data. We believe the data to be appropriate and usable for the purpose.

Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life and Property/Casualty Coverages"

The Plan is not large enough to be statistically credible when a single year's experience is used for projections. Projections based only on last year's experience have generally been accepted by the OIR, as they have this year, but may not be reliable for any other purpose. Our method is consistent with ASOP 25.

Actuarial Standard of Practice No. 41, "Actuarial Communications"

This report and prior documentation is consistent with the guidance in this ASOP and there are no deviations from the standard to document.

Following is a brief description of each of the supporting exhibits. We have uploaded copy of the actuarial certification to the Florida Department of Financial Services Office of Insurance Regulation (the OIR) I-File system to fulfill requirements for FS112.08. Accompanying our certification is a copy of the OIR's acceptance of the Plan.

This report includes Exhibits and discussions of those exhibits. Exhibits A-E concentrate on the Actuarial Certification as required by Florida Statute 112.08 and the data which supports our opinions and recommendations. Exhibit F and the accompanying charts and tables delve into historical claim patterns of the plan.

The accompanying exhibits are as follows:

- Exhibit A - Claim Liability Estimates
- Exhibit B - Development of Incurred Claims and Net Claim Cost
- Exhibit C - Claim Liability Discount Factor Calculation
- Exhibit D - Explanation of Exhibits A-C
- Exhibit E - Actuarial Certification - Including OIR Acceptance and Exhibits Required by F.S. 112.08
- Exhibit F - Discussion of historical claim patterns including illustrative charts and supporting data tables

SEPTEMBER 30, 2012 CLAIM LIABILITY DETERMINATION

Exhibit B displays calculations of the claim liability at September 30, 2012. For the calculation in this report, we were provided data paid through September 30, 2012. The claim liability for September 2012, based upon a completion factor calculation is approximately \$3.02 million. The claim liability represents claims incurred before October 1, 2012 and unpaid as of September 30, 2012.

In addition to estimating the claim liability as of September 30, 2012, we have reviewed our estimates of the September 30, 2010 and 2011 claim liability estimates using data through October 2012. The restated claim liability for September 2011 is approximately 1.9% lower and the September 2010 is 2.7% lower than our original estimate (see Exhibit A).

The claim liability calculated in this report, and prior reports, is based on the assumption that the incurred date of a claim is the same as the date of service. This is the case in the vast majority of situations. However, defining the incurred date as the date of service under an extension of benefits provision of the master contract will generally result in a slight understatement of the claim liability.

Claim liabilities are prospective estimates of claims which have been incurred but not paid. The estimates are calculated using trends and relationships observed in the past and applying them to the future. Wide fluctuations can occur in the difference between the 'estimates' and 'actual' claim liability, even if the methodology for calculating the liability is actuarially sound. Some of those reasons include:

- 1) The average period between the time a claim is incurred and the date it is paid in the future may not be the same as in the past. A change in an administrator's processing or the number of experienced claims examiners greatly influences the length of time between the date of service and date of payment.
- 2) Large claims may not be present in the same magnitude (higher or lower) for the future relative to the past.

Claim liability swings of 20% of the estimated amount are not uncommon. The statement about wide fluctuations is being made only to alert the reader the calculation is not a perfect science.

ADDITIONAL LIABILITY ADJUSTMENTS

The Actuarial Standards Board (ASB) of the American Academy of Actuaries has proposed items which could have an effect on the calculation of liabilities included on financial statements. We believe the County should be aware of possible adjustments to the liability calculation. Some of those items are (recommendations quoted from various Actuarial Standards of Practice):

Time Value of Money

"The principle that an amount of money available at an earlier point in time has different usefulness and value than the same amount of money has at a later point in time." This statement means claim liabilities may include an interest discount to recognize that claim liabilities are paid out over a period of time and the present value of that payment stream is less than the sum of the payments.

The attached Exhibit C shows the theoretical calculation of the claim liability discount. The September 30, 2012, unadjusted claim liabilities can be reduced by approximately \$1,800 if interest is to be included on the cash flow.

Claim Settlement Expenses

"If the unpaid claims liabilities do not include liabilities for claim settlement expenses, a separate reserve may need to be established." The size of this liability can be estimated by the following formula:

$$(\text{Claim Adjudication Expense per \$1 Claim}) \times (\text{Claim Liability})$$

The current administrative fees for adjudicating health claims are approximately equal to 9.2% of expected incurred claims (please see Exhibit OIR-B2-572, Line 12: A. / Line 10.). Therefore, if the administrator would not be responsible for adjudicating the claim liability after their contract terminated, an additional adjudication expense liability of approximately \$277,000 ($= .092 \times \$3,020,000$) may need to be established.

ADEQUACY OF FUNDS ASSETS

For any group health plan, we also recommend a contingency fund or margin be maintained by the program to allow for adverse claims fluctuations. This contingency fund, which is in addition to the amount required to fund the net claim liability, should be maintained at 15% to 25%, or at least 60 days of annual incurred claims. This implies that the Fund balance for the Plan as of September 30, 2012 should include enough assets to cover not only the existing net claim liability at that time (\$3,020,000), but also an additional contingency margin of \$6,241,000 - \$ 10,401,000. The September 30, 2012 balance sheet provided indicates a surplus of \$15,029,000 over the claim liability, approximately 36% of annual incurred claims.

The Florida Office of Insurance Regulation (FOIR) notes their safe harbor surplus is approximately 60 days of claims (approximately 16% of claims). The current surplus represents approximately 131.9 days of claims.

PREMIUM ADEQUACY

From Exhibit OIR-B2-572 of the 112.08 certification exhibits we see estimated incurred claims for the plan year ending September 30, 2012 of approximately \$41.6 million and premium income of \$48.0 million for a loss ratio of 86.7%. The "break-even" loss ratio (the ratio where premium is sufficient to cover all claims and expenses) is approximately 91.0%. The difference in these two loss ratios implies that the premium rates were sufficient to pay all claim and expense obligations for the program during the period October 2011 - September 2012 by a margin of 4.3% ($= 91.0\% - 86.7\%$). The Plan had income in addition to premium income that represented slightly more than \$1.0 million. When the additional income is considered, the Plan added approximately \$3.38 million to surplus.

Exhibit OIR-B2-573 analyzes the adequacy of rates for the plan years ending 2013-2015. Based on the assumed annual trends and the projected revenue, we anticipate the Plan will cover expenses with an addition to surplus of approximately \$0.2 million in the 2012-13 plan year.

CONCLUDING REMARKS

The following is a summary of our conclusions as a result of our analysis of this program:

- 1) The net Medical claim (including prescription drugs) liability as of September 30, 2012 is \$3.020 million.
- 2) If the time value of money is to be recognized, the claim liability can be reduced by \$1,800.
- 3) If the administrator is not responsible for the adjudication expense of the claim liability at the time of termination of their services, the claim liability should be increased by \$277,000.
- 4) We recommend a contingency reserve of 15% to 25% of annual incurred claims or \$6,241,000 - \$ 10,401,000. The plan is currently holding a surplus of approximately \$15,029,000, approximately 36% of incurred claims or 131.9 days of claims.
- 5) The current gross premium structure is expected to be adequate to meet plan obligations for the 2013 plan year.

We appreciate the opportunity to work with the County. Please let us know if you have questions concerning any of the items in this report. As always, thank you for choosing Wakely Consulting Group Inc.

Respectfully submitted,



Alison L. Pool, A.S.A., M.A.A.A.
Consulting Actuary
(727) 507-9858, ext. 7469

enclosures

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BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED HEALTH PLAN

Exhibit A

	30-Sep-12	30-Sep-2011 (RESTATEMENT)	30-Sep-2010 (RESTATEMENT)
PAID SINCE VALUATION DATE	NA	\$2,591,888	\$3,149,773
ESTIMATED UNPAID - MEDICAL	\$2,625,948	\$7,472	\$0
PLUS MARGIN OF 15%	\$393,892	\$1,121	\$0
TOTAL MEDICAL LIABILITY WITH MARGIN	\$3,019,840	\$2,600,481	\$3,149,773
TOTAL ESTIMATED CLAIM LIABILITY	\$3,019,840	\$2,600,481	\$3,149,773
ESTIMATED STOP LOSS REIMBURSEMENTS		\$0	\$833,000
LIABILITY NET REIMBURSEMENTS	\$3,019,840	\$2,600,481	\$2,316,773
TREND TO SEPTEMBER	\$3,019,840	\$2,600,481	\$2,316,773
TOTAL ESTIMATED CLAIM LIABILITY WITH MARGIN - SEPTEMBER 2012	\$3,020,000	\$2,600,000	\$2,316,773
PRIOR LIABILITY CALCULATION	NA	\$2,650,000	\$2,381,000
PERCENTAGE DIFFERENCE	NA	-1.9%	-2.7%

BOARD OF COUNTY COMMISSIONERS											
Estimated Ultimate Claims											
Valuation Date September 30, 2012											
Incurred Month	Paid Through September 30, 2012	3-Mth Average					6-Less-2 Average				
		Completion Factor	Adj. Comp Factor	Expected Ultimate	Unpaid Claims	Cumulative Unpaid Claims	Completion Factor	Adj. Comp Factor	Expected Ultimate	Unpaid Claims	Cumulative Unpaid Claims
Oct-09	\$3,127,532	1.0000	1.0000	\$3,127,532	\$0	\$0	1.0000	1.0000	\$3,127,532	\$0	\$0
Nov-09	\$2,957,028	1.0000	1.0000	\$2,957,028	\$0	\$0	1.0000	1.0000	\$2,957,028	\$0	\$0
Dec-09	\$3,168,278	1.0000	1.0000	\$3,168,278	\$0	\$0	1.0000	1.0000	\$3,168,278	\$0	\$0
Jan-10	\$2,180,348	1.0000	1.0000	\$2,180,348	\$0	\$0	1.0000	1.0000	\$2,180,348	\$0	\$0
Feb-10	\$2,339,353	1.0000	1.0000	\$2,339,353	\$0	\$0	1.0000	1.0000	\$2,339,353	\$0	\$0
Mar-10	\$2,453,975	1.0000	1.0000	\$2,453,975	\$0	\$0	1.0000	1.0000	\$2,453,975	\$0	\$0
Apr-10	\$2,057,440	1.0000	1.0000	\$2,057,440	\$0	\$0	1.0000	1.0000	\$2,057,440	\$0	\$0
May-10	\$2,376,270	1.0000	1.0000	\$2,376,270	\$0	\$0	1.0000	1.0000	\$2,376,270	\$0	\$0
Jun-10	\$2,149,456	1.0000	1.0000	\$2,149,456	\$0	\$0	1.0000	1.0000	\$2,149,456	\$0	\$0
Jul-10	\$2,614,869	1.0000	1.0000	\$2,614,869	\$0	\$0	1.0000	1.0000	\$2,614,869	\$0	\$0
Aug-10	\$2,864,237	1.0000	1.0000	\$2,864,237	\$0	\$0	1.0000	1.0000	\$2,864,237	\$0	\$0
Sep-10	\$2,698,502	1.0000	1.0000	\$2,698,502	\$0	\$0	1.0000	1.0000	\$2,698,502	\$0	\$0
Oct-10	\$2,380,378	1.0000	1.0000	\$2,380,378	\$0	\$0	0.9999	0.9999	\$2,380,512	\$134	\$134
Nov-10	\$1,855,829	1.0000	1.0000	\$1,855,829	\$0	\$0	0.9999	0.9999	\$1,855,934	\$104	\$238
Dec-10	\$2,345,091	1.0000	1.0000	\$2,345,091	\$0	\$0	0.9999	0.9999	\$2,345,271	\$180	\$418
Jan-11	\$1,837,293	1.0000	1.0000	\$1,837,293	\$0	\$0	0.9999	0.9999	\$1,837,434	\$141	\$560
Feb-11	\$1,977,271	1.0000	1.0000	\$1,977,271	\$0	\$0	0.9998	0.9998	\$1,977,731	\$460	\$1,019
Mar-11	\$2,771,156	1.0000	1.0000	\$2,771,156	\$0	\$0	0.9998	0.9998	\$2,771,801	\$644	\$1,664
Apr-11	\$1,980,423	1.0000	1.0000	\$1,980,423	\$0	\$0	0.9998	0.9998	\$1,980,883	\$460	\$2,124
May-11	\$2,352,368	1.0000	1.0000	\$2,352,368	\$0	\$0	0.9997	0.9997	\$2,353,033	\$665	\$2,789
Jun-11	\$2,700,048	0.9995	0.9995	\$2,701,534	\$1,486	\$1,486	0.9997	0.9997	\$2,700,811	\$763	\$3,551
Jul-11	\$2,492,902	1.0000	1.0000	\$2,492,902	\$0	\$1,486	0.9997	0.9997	\$2,493,606	\$704	\$4,256
Aug-11	\$2,614,252	0.9998	0.9998	\$2,614,731	\$479	\$1,964	0.9995	0.9995	\$2,615,655	\$1,403	\$5,658
Sep-11	\$2,372,528	0.9949	0.9949	\$2,384,679	\$12,151	\$14,116	0.9992	0.9992	\$2,374,341	\$1,813	\$7,472
Oct-11	\$2,519,806	0.9949	0.9949	\$2,532,712	\$12,905	\$27,021	0.9992	0.9992	\$2,521,732	\$1,926	\$9,398
Nov-11	\$3,247,852	0.9944	0.9944	\$3,266,227	\$18,375	\$45,396	0.9988	0.9988	\$3,251,881	\$4,029	\$13,427
Dec-11	\$2,622,228	0.9927	0.9927	\$2,641,416	\$19,187	\$64,583	0.9981	0.9981	\$2,627,092	\$4,864	\$18,291
Jan-12	\$2,625,010	0.9929	0.9929	\$2,643,839	\$18,830	\$83,413	0.9980	0.9980	\$2,630,329	\$5,320	\$23,611
Feb-12	\$2,517,373	0.9932	0.9932	\$2,534,683	\$17,311	\$100,724	0.9952	0.9952	\$2,529,421	\$12,049	\$35,659
Mar-12	\$2,542,523	0.9918	0.9918	\$2,563,548	\$21,025	\$121,749	0.9925	0.9925	\$2,561,729	\$19,205	\$54,865
Apr-12	\$2,576,490	0.9768	0.9768	\$2,637,586	\$61,096	\$182,845	0.9780	0.9780	\$2,634,459	\$57,969	\$112,834
May-12	\$2,313,900	0.9702	0.9702	\$2,384,962	\$71,062	\$253,907	0.9659	0.9659	\$2,395,610	\$81,710	\$194,544
Jun-12	\$1,837,687	0.9622	0.9622	\$1,909,813	\$72,126	\$326,033	0.9545	0.9545	\$1,925,283	\$87,595	\$282,139
Jul-12	\$2,714,716	0.9224	0.9337	\$2,907,363	\$192,648	\$518,681	0.9294	0.9392	\$2,890,425	\$175,709	\$457,848
Aug-12	\$1,959,837	0.7572	0.7611	\$2,574,991	\$615,154	\$1,133,835	0.7778	0.7764	\$2,524,265	\$564,428	\$1,022,276
Sep-12	\$853,277	0.3450	0.3394	\$2,514,119	\$1,660,842	\$2,794,676	0.3673	0.3473	\$2,456,949	\$1,603,671	\$2,625,949

Exposure Based Trends								
CLAIMS PER MEMBER - BOARD OF COUNTY COMMISSIONERS								
Valuation Date September 30, 2012								
Incurred Month	Exposure	3-Month Average			6-Less-2 Average			
		Monthly CPE*	Rolling 3 CPE	Rolling 12 CPE	Monthly CPE	Rolling 3 CPE	Rolling 12 CPE	
Oct-09	4,347	\$719	N/A	N/A	\$719	N/A	N/A	
Nov-09	4,352	\$679	N/A	N/A	\$679	N/A	N/A	
Dec-09	4,347	\$729	\$709	N/A	\$729	N/A	N/A	
Jan-10	4,354	\$501	\$636	N/A	\$501	N/A	N/A	
Feb-10	4,331	\$540	\$590	N/A	\$540	N/A	N/A	
Mar-10	4,336	\$565	\$536	N/A	\$566	\$536	N/A	
Apr-10	4,331	\$475	\$527	N/A	\$475	\$527	N/A	
May-10	4,336	\$548	\$530	N/A	\$548	\$530	N/A	
Jun-10	4,323	\$497	\$507	N/A	\$497	\$507	N/A	
Jul-10	4,310	\$607	\$551	N/A	\$607	\$551	N/A	
Aug-10	4,268	\$671	\$591	N/A	\$671	\$591	N/A	
Sep-10	4,283	\$630	\$636	\$597	\$630	\$636	N/A	
Oct-10	4,278	\$556	\$619	\$583	\$556	\$619	\$583	
Nov-10	4,278	\$434	\$540	\$563	\$434	\$540	\$563	
Dec-10	4,297	\$546	\$512	\$547	\$546	\$512	\$547	
Jan-11	4,113	\$447	\$476	\$543	\$447	\$476	\$543	
Feb-11	4,298	\$460	\$485	\$537	\$460	\$485	\$537	
Mar-11	4,282	\$647	\$519	\$543	\$647	\$519	\$543	
Apr-11	4,282	\$462	\$523	\$542	\$463	\$523	\$542	
May-11	4,254	\$553	\$554	\$543	\$553	\$554	\$543	
Jun-11	4,252	\$635	\$550	\$554	\$635	\$550	\$554	
Jul-11	4,235	\$589	\$592	\$553	\$589	\$592	\$553	
Aug-11	4,230	\$618	\$614	\$548	\$618	\$614	\$548	
Sep-11	4,229	\$564	\$590	\$543	\$561	\$590	\$543	
Oct-11	4,212	\$601	\$594	\$546	\$599	\$593	\$546	
Nov-11	4,228	\$773	\$646	\$575	\$769	\$643	\$574	
Dec-11	4,162	\$635	\$670	\$582	\$631	\$667	\$581	
Jan-12	4,304	\$614	\$674	\$596	\$611	\$670	\$594	
Feb-12	4,245	\$597	\$615	\$607	\$596	\$613	\$606	
Mar-12	4,253	\$603	\$605	\$603	\$602	\$603	\$602	
Apr-12	4,253	\$620	\$607	\$617	\$619	\$606	\$615	
May-12	4,256	\$560	\$594	\$617	\$563	\$595	\$616	
Jun-12	4,226	\$452	\$544	\$602	\$456	\$546	\$601	
Jul-12	4,224	\$688	\$567	\$610	\$684	\$568	\$609	
Aug-12	4,221	\$610	\$583	\$610	\$598	\$579	\$607	
Sep-12	4,210	\$597	\$632	\$612	\$584	\$622	\$609	

*Claims per Exposure

EXHIBIT C

Government CLAIM LIABILITY DISCOUNT FACTORS

DUR.	THEOR. COMPLE- TION FACTORS	CLAIM LIAB. RUN-OUT FACTORS	MONTHLY DISCOUNT FACTORS AT 0.51%	PRESENT VALUE OF RUN-OUT
24	1.000	0.000	0.9901	0.0001
23	1.000	0.000	0.9906	0.0001
22	1.000	0.000	0.9910	0.0001
21	1.000	0.000	0.9914	0.0001
20	1.000	0.000	0.9918	0.0002
19	1.000	0.000	0.9922	0.0002
18	1.000	0.000	0.9927	0.0002
17	1.000	0.000	0.9931	0.0003
16	1.000	0.000	0.9935	0.0003
15	1.000	0.000	0.9939	0.0003
14	0.999	0.001	0.9943	0.0005
13	0.999	0.001	0.9947	0.0008
12	0.999	0.001	0.9952	0.0008
11	0.999	0.001	0.9956	0.0012
10	0.998	0.002	0.9960	0.0018
9	0.998	0.002	0.9964	0.0020
8	0.995	0.005	0.9968	0.0047
7	0.993	0.007	0.9973	0.0075
6	0.978	0.022	0.9977	0.0220
5	0.966	0.034	0.9981	0.0340
4	0.955	0.045	0.9985	0.0454
3	0.939	0.061	0.9989	0.0607
2	0.776	0.224	0.9994	0.2235
1	0.347	0.653	0.9998	0.6526
	22.940	1.060	0.9994	1.0594

-----CLAIM LIABILITY DISCOUNT

EXHIBIT D

██████████ BOARD OF COUNTY COMMISSIONERS EMPLOYEE MEDICAL BENEFIT PLAN

Plan Year Ending September 30, 2012

Explanatory Comments on Computer-Produced Exhibits

Exhibit A.....Claim Liability Estimate

Exhibit A shows the calculated claim liability for September 30, 2012 and the component parts. The claim liability includes an estimate for the medical plan including prescription drugs. The claim liability represents monies expected to be paid after September 30, 2012 for claims incurred prior to October 1, 2012. The estimated claim liability includes a contingency margin to allow for unforeseen adverse consequences.

Exhibit B.....Development of Incurred Claims and Net Claims Cost

Exhibit B displays our calculation of the Incurred Claims, Claims Costs and Claim Liabilities. Incurred claims for any given date are defined as those claims having a date of service for that month.

The second column of Exhibit B shows the claims which have been incurred and paid by the medical plans as of September 30, 2012. For example, \$2,714,716 of claims have been paid by the end of September 2012 which were incurred in July 2012.

Also shown on this page is the application of the calculated completion factors. Our model develops two sets of completion factors. The first set of completion factors is based on the average of the most recent 3 months of claims. The second set is based on the average of the most recent 6 months of claims with the highest and lowest completion factors thrown out.

Since the most recent months are the most volatile, we consider historical claim information as well as the completion factors. The 4th and 9th columns show the adjusted completion factors.

The adjusted completion factors are calculated by blending the expected claim costs per member calculated in by two separate methods. The first method uses only the claim payments and payment patterns. This is called a 'development' method and is very reliable for incurred months where several months of claim 'runout' information is available. The second method is called a 'projection' method because it examines historical monthly member costs and trends them forward at an assumed medical trend rate. The development method is more reliable for estimating the ultimate costs of the more recent months, e.g., September 2012.

In the blending process, the results of the projection method are given more weight for the more recent months, and the development method is given more weight for the older months.

The claims per member in Exhibit B (lower table) were calculated by dividing the Estimated Incurred Claims by the number of members for each particular month. Also shown are the claim costs based on the average of the last three months and the last 12 months. A twelve-month moving average is useful because only one of each calendar month is included in the analysis and therefore any effects of seasonality are removed.

The claim lags used to develop the completion factors are included in Appendix A.

The "Claims per Member" in Exhibit B were calculated by dividing the Estimated Incurred Claims by the exposure for each particular month. Shown are the monthly, rolling three-month and rolling twelve-month claim cost per exposure.

EXHIBIT C.....CLAIM LIABILITY DISCOUNT FACTOR CALCULATION

The purpose of Exhibit C is to calculate the effect of the time value of money on the Plan's claim liability as suggested by the American Academy of Actuaries.

EXHIBIT E

**ACTUARIAL CERTIFICATION
VALUATION DATE SEPTEMBER 30, 2012**

ACTUARIAL CERTIFICATION

██████████ Board of County Commissioners

Employee Medical Benefit Plan

Plan Year Ending September 30, 2012

Wakely Consulting Group Inc. has been retained by ██████████ Board of County Commissioners to evaluate the actuarial soundness of the County's Employee Benefit Plan (the Plan). The effective date of this valuation is September 30, 2012. This certification is to meet the requirements of Florida Statute 112.08.

Coverage under the Plan is a benefit available to employees and retirees of ██████████ Government. Such coverage provides medical benefits. It is funded by contributions from the County and from the insured employees and retirees. It is self-insured by the County with specific stop-loss reinsurance. Administration is handled by Aetna.

All data used for our analysis were provided us either by the administrator or the County. We reviewed the data for reasonableness as we deemed necessary and appropriate. We have not audited the data furnished us and are not certifying to the accuracy of these data.

The methods used in our actuarial study comply with: Actuarial Standard of Practice No. 5, "Incurred Health and Disability Claims"; Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; Actuarial Standard of Practice No. 23, "Data Quality"

Based upon our actuarial review, and contingent upon accuracy of the data furnished us, in our opinion:

- A. The net assets of the Plan as of the valuation date are adequate to fully fund the existing liabilities as of the same date.
- B. The rate structure, including available surplus monies, of the Plan appears adequate to support the projected claims and other expenses of the plan for the 2012-2013 plan year.
- C. Based on the review of the benefits, funding method and sources of funds, the ██████████ Government Self-Funded Medical Benefit Plan is actuarially sound.

Submitted for Wakely Consulting Group Inc.

by



Alison L. Pool, A.S.A., M.A.A.A.



OFFICE OF INSURANCE REGULATION

KEVIN M. McCARTY
COMMISSIONER

**FINANCIAL SERVICES
COMMISSION**

RICK SCOTT
GOVERNOR

JEFF ATWATER
CHIEF FINANCIAL OFFICER

PAM BONDI
ATTORNEY GENERAL

ADAM PUTNAM
COMMISSIONER OF
AGRICULTURE

via email: alisonp@wakely.com

May 14, 2013

Ms. Alison L. Pool
Senior Consulting Actuary
[REDACTED]
17757 US Highway 19n
Suite 310
Clearwater, FL 33764

RE: [REDACTED]
FILE LOG NUMBER: [REDACTED]
PLEASE REFER TO THIS FILE NUMBER WHEN CORRESPONDING

Dear Ms. Pool:

The Office of Insurance Regulation has reviewed your annual report for the above referenced plan for plan year ending 9/30/2012, including the statement as to the plan's actuarial soundness. Since the liabilities and assets appear to produce adequate positive surplus, your filing is **ACCEPTED** as being in compliance with the requirements of Section 112.08, F.S. We look forward to receiving your plan year 9/30/2013 report by 12/31/2013.

Thank you for filing the required information.

Sincerely,

Office of Insurance Regulation

**GOVERNMENT
SELF-FUNDED MEDICAL BENEFIT PLAN**

FISCAL YEAR REPORT COVERING OCTOBER 2011 THROUGH SEPTEMBER 2012

ANNUAL REPORT OF SELF-FUNDED HEALTH BENEFIT PLANS

1. PREMIUM INCOME	\$ 47,983,922
2. OTHER INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION)	\$ 859,351
3. INVESTMENT INCOME (IF AMOUNT IS GREATER THAN 10% OF ITEM 1, ATTACH DETAILED EXPLANATION)	\$ 243,301
4. TOTAL INCOME (1 + 2 + 3)	\$ 49,086,574
5. CLAIMS PAID	\$ 41,234,093
6. CLAIM RESERVES - END OF CURRENT YEAR	\$ 3,020,167
7. CLAIM RESERVES - END OF PRIOR YEAR	\$ 2,650,167
(MUST MATCH WITH PRIOR REPORT OR ATTACH DETAILED EXPLANATION)	
8. TOTAL INCURRED CLAIMS - GROSS (SUM OF ITEMS 5 & 6, LESS ITEM 7)	\$ 41,604,093
9. REINSURANCE RECOVERABLE	
10. TOTAL INCURRED CLAIMS - NET OF REINSURANCE (ITEM 8 LESS ITEM 9)	\$ 41,604,093
11. STOP LOSS INSURANCE PREMIUMS	\$ 284,090
12. EXPENSES	
A. SALARIES & ADMINISTRATIVE FEES	\$ 3,821,397
B. CONSULTING FEES	
1. TPA/INSURS CO CONSULTING FEES	
2. OTHER CONSULTING FEES	
TOTAL CONSULTING FEES	\$ -
C. OFFICE EXPENSES	\$ 1,471
D. OTHER (IF GREATER THAN 10% OF THE SUM IF ITEMS A-D, ATTACH DETAILED EXPLANATION OF COSTS.)	\$ -
E. TOTAL EXPENSES (SUM OF ITEMS A, B, C & D)	\$ 3,822,868
13. TOTAL DISBURSEMENTS (SUM OF ITEMS 10,11, & 12-E)	\$ 45,711,051
14. OPERATING GAIN OR LOSS (ITEM 4 LESS ITEM 13)	\$ 3,375,523

Notes to Numbered Items:

6. Claim liability reserves were calculated according to "Actuarial Standards of Practice No. 5".

OIR-B2-572
Rev. 12/03

OIR-B2-572

**GOVERNMENT
SELF-FUNDED MEDICAL BENEFIT PLAN**

OPERATING PROJECTIONS FOR SELF-INSURED HEALTH BENEFIT PLANS

FISCAL YEAR COVERING OCTOBER THROUGH SEPTEMBER

PART 1

	CURRENT YEAR October 2012 - September 2013	PLAN YEAR 1 October 2013 - September 2014	PLAN YEAR 2 October 2014 - September 2015
1. NUMBER OF EMPLOYEES	4,229	4,271	4,314
2. PREMIUM INCOME	\$ 47,611,000	\$ 52,054,000	\$ 56,518,000
3. OTHER INCOME (INCLUDES INVESTMENT INCOME)	\$ 241,000	\$ 256,000	\$ 270,000
4. TOTAL INCOME (2 + 3)	\$ 47,852,000	\$ 52,310,000	\$ 56,788,000
5. TOTAL INCURRED CLAIMS*	\$ 43,982,000	\$ 47,976,000	\$ 52,332,000
6. TOTAL EXPENSES	\$ 3,680,000	\$ 4,231,000	\$ 4,151,000
7. TOTAL DISBURSMENTS (5 + 6)	\$ 47,662,000	\$ 52,207,000	\$ 56,483,000
8. TOTAL GAIN OR LOSS (4 - 7)	\$ 190,000	\$ 103,000	\$ 305,000
9. SURPLUS BEGINNING OF YEAR	\$ 15,029,000	\$ 15,219,000	\$ 15,322,000
10. SURPLUS END OF YEAR (8 + 9)	\$ 15,219,000	\$ 15,322,000	\$ 15,627,000

PART 2 - ASSUMPTIONS

	CURRENT YEAR	PLAN YEAR 1	PLAN YEAR 2
1. Premium Increase	Actual Premium	8.25%	7.50%
2.a. Medical & Rx Claim Trend	4.63%	8.00%	8.00%
2.b. Expense Trend	Actual Expenses	1.00%	1.00%
2.c. Expense Adjustment for ACA (PMPY)	0	\$63.00	\$42.00
3. Premium Contributions (See Below)			
4. Specific Stop Loss Attachment	\$750,000		
Point			

**GOVERNMENT
SELF-FUNDED MEDICAL BENEFIT PLAN**

MONTHLY MEDICAL PREMIUM CONTRUBUTIONS

		Effective 1/2013	Effective 1/2014	Effective 1/2015
EPO Plan (CHOICE)				
EMPLOYEE ONLY	County	\$440.26	\$476.58	\$512.33
	Employee	\$100.00	\$108.25	\$116.37
EMPLOYEE + CH	County	\$755.02	\$817.31	\$878.61
	Employee	\$197.90	\$214.23	\$230.29
EMPLOYEE + SP	County	\$924.36	\$1,000.62	\$1,075.67
	Employee	\$251.76	\$272.53	\$292.97
FAMILY	County	\$1,347.62	\$1,458.80	\$1,568.21
	Employee	\$386.46	\$418.34	\$449.72
HRA				
EMPLOYEE ONLY	County	\$444.88	\$481.58	\$517.70
	Employee	\$78.00	\$84.44	\$90.77
EMPLOYEE + CH	County	\$762.70	\$825.62	\$887.54
	Employee	\$151.62	\$164.13	\$176.44
EMPLOYEE + SP	County	\$933.96	\$1,011.01	\$1,086.84
	Employee	\$194.62	\$210.68	\$226.48
FAMILY	County	\$1,362.14	\$1,474.52	\$1,585.11
	Employee	\$302.08	\$327.00	\$351.53
HSA				
EMPLOYEE ONLY	County	\$444.88	\$481.58	\$517.70
	Employee	\$78.00	\$84.44	\$90.77
EMPLOYEE + CH	County	\$762.70	\$825.62	\$887.54
	Employee	\$151.62	\$164.13	\$176.44
EMPLOYEE + SP	County	\$933.96	\$1,011.01	\$1,086.84
	Employee	\$194.62	\$210.68	\$226.48
FAMILY	County	\$1,362.14	\$1,474.52	\$1,585.11
	Employee	\$302.08	\$327.00	\$351.53

IF LINE 8 IS NEGATIVE, PROVIDE AN EXPLANATION AS TO WHY PREMIUM RATES CAN NOT BE INCREASED.

* INCLUDES PREMIUMS FOR STOP LOSS INSURANCE.

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**GOVERNMENT
SELF-FUNDED MEDICAL BENEFIT PLAN**

GENERAL INFORMATION

	BENEFIT (A)	BENEFIT (B)	BENEFIT (C)
1. TYPE OF BENEFIT	Medical		
2. NUMBER OF COVERED EMPLOYEES	4,233		-
SINGLE EMPLOYEES	2,220		
EMPLOYEES WITH DEPENDENTS	2,013		
3. NUMBER OF CLAIMS FILED	114,000		-
4. CLAIMS INCURRED	\$ 41,604,093		
5. CLAIM FREQUENCY (3 / 2)	26.931		
6. AVERAGE CLAIM (4 / 3)	\$ 364.95		
7. ANNUAL CLAIM COST (4 / 2)	\$ 9,828.51		

SURPLUS STATEMENT

(THIS SCHEDULE TRACES THE DEVELOPMENT OF SURPLUS IN THE PLAN FROM THE PRIOR YEAR TO THE END OF THE CURRENT YEAR)

1. SURPLUS FROM PRIOR YEAR (IF A DEFICIT, SHOW AS NEGATIVE SURPLUS)	\$ 11,653,044
2. CHANGE IN SURPLUS FROM FUND OPERATIONS (GAIN OR LOSS FOR YEAR)	\$ 3,375,523
3. CHANGE IN SURPLUS DUE TO OTHER FACTORS (CONTRIBUTION, WITHDRAWAL)	\$ -
4. OVERALL CHANGE IN SURPLUS, PRESENT YEAR	\$ 3,375,523
5. SURPLUS END OF CURRENT YEAR (SUM OF ITEM 1 AND ITEM 4)	\$ 15,028,567

NOTE: IF LINE 5 IS NEGATIVE, THE PLAN IS NOT IN GOOD STANDING WITH THE FLORIDA OFFICE OF INSURANCE REGULATION. THIS DEFICIT MUST BE REMOVED BY AN INFUSION OF AN AMOUNT AT LEAST EQUAL TO THE DEFICIT. IF THE DEFICIT IS TO BE LIQUIDATED OVER A PERIOD OF TIME, PLEASE GIVE THE DETAILS OF THIS PROGRAM FOR CONSIDERATION ALONG WITH A SUPPORTING ACTUARIAL OPINION. IF THE PLAN'S SURPLUS IS LESS THAN 60 DAYS OF ANTICIPATED CLAIMS, OTHER QUESTIONS MAY BE ASKED OF THE PLAN AS THE OFFICE SEES FIT.

GENERAL INFORMATION ON SELF-FUNDED HEALTH BENEFIT PLANS

PLAN FISCAL YEAR October 1 through September 30

PLAN NAME [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

PHONE NUMBER 863-534-5265
FAX NUMBER 863-519-4726
E-MAIL [REDACTED]

ADMINISTRATOR [REDACTED]
[REDACTED]
INDIVIDUAL CONTACT [REDACTED]
Account Executive
ADDRESS [REDACTED]
[REDACTED]

PHONE NUMBER [REDACTED]
FAX NUMBER [REDACTED]
E-MAIL [REDACTED]@[REDACTED]

ACTUARIAL FIRM Wakely Consulting Group, Inc.

ACTUARY Ms. Alison L. Pool, ASA, MAAA
Senior Consulting Actuary
ADDRESS 17757 US Highway 19N
Suite 310
Clearwater, FL 33764

PHONE NUMBER 727-507-9858, ext. 7469
FAX NUMBER 727-507-9658
E-MAIL alisonp@wakelyconsulting.com

Exhibit F

Government Employee Health Plan

In addition to our analysis of the performance of the overall health program, we have continued our in-depth look at the claim patterns. We did not receive detail information on pending or backlog. We have not adjusted for these items.

Table 1

Table 1 begins with October 2008. It shows the monthly paid claims and incurred claims paid through September 30, 2012. The completion factors shown in column (d) were calculated using claim data through September 2012. Column (e) is $(c) \div (d)$. Column (f) shows the result of calculating incurred claims using the net claim cost experience from the most recent 12 months. Column (g) shows the credibility weighted combination of columns (e) and (f).

Column (h) is the expected outstanding claim liability for a particular incurred date as of September 30, 2012.

The exposure shown in Column (i) is a count of the covered employees and retirees. Dependents are not given any weight in this column. Columns (j), (k), (l) and (m) show the average incurred cost per month, per 3-months, per 6-months and per 12-months respectively per covered employee.

Columns (o), (p), (q), and (r) show the average incurred cost per month, per 3-months, per 6-months and per 12-months respectively per weighted life (credit given for an estimated number of dependents). The data contained in Table 1 was used in the Charts that follow.

The valuation date of our study is September 30, 2012, with claims paid through that date.

Chart 1

Chart 1 shows the monthly per covered employee incurred claim cost for January 2009 – September 2012. The calendar years are shown with only 9-months of 2012. This chart is useful for viewing seasonal patterns. Last year we noted some patterns in early Spring (April). More noticeable this year is higher utilization in mid-Summer (August).

Chart 2

Chart 2 is a 3-month rolling average of the per covered employee incurred claim cost for January 2009 - September 2012. The lower monthly usage in mid-summer is consistent with the pattern noted in Chart 1.

Chart 3

This chart is a 12-month rolling average of the per covered employee claim cost. Using 12 months of claim costs takes out any seasonal effects of claims. Each data point contains 12 months so represents a year of claims. The increase mid-Summer utilization is still apparent, however a dip in mid-Spring is also more pronounced in Chart 3. A point which may be significant in considering future trends is the dip in early-2012 was not as pronounced as in earlier year so may result in leveraging trends higher going forward if the mid-Summer increase pattern holds.

Chart 4

Chart 4 is similar to Chart 1, monthly cost, but is per weighted life. The weighted life adjustment takes into account an estimated number of dependents. This calculation represents an estimate of the Per Member Per Month (PMPM) costs.

Chart 5

As noted in Chart 2, this chart is smoother than the previous chart because 3 months of claims and exposure are included in the calculation. Although 2012 has a dip in costs but this chart shows the claim costs are increasing generally.

Chart 6

Chart 6 is the most illustrative of the weighted life charts. After an overall decline in costs in 2011, the 2012 costs are consistent with 2009 and 2010 costs.

Chart 7

Chart 7 takes the data from Chart 6 for October 2009 – September 2012 and displays them in one line. As is typical, the line has ups and downs representing but an overall downward trend. We noted last year that we believe a partial explanation of the apparent downward trend is the increased usage when the County moved to Aetna for their administrative services. The additional assessments may have created additional utilization and costs initially but, two years into the contract, are resulting in more moderate claim costs. We believe the 2011 calendar year represented the Plan realizing the full impact (advantage) of wellness initiatives.

The straight line is a best fit line indicating the trend experienced by the plan for the three (3) plan years. This historical trend line is useful in predicting future trends for the plan. The trend line is attempting to fit a line to the data provided. With the dip in the PMPM costs in later 2012 the straight line is deceptive. The R^2 value indicates a less than perfect fit of the straight trend line to the graphed line.

Chart 8

This chart shows the trend line split by year. The slope (trend line) of the four different trend lines show illustrates the mix in claim costs from 2009-2012. The trend lines for 2011 and 2012 show that the slope is clearly increasing now. Consistent with our notes last year, the claims are increasing and the trend is starting to approach an industry trend.

Chart 9

Chart 9 is a graphical representation of claims incurred and paid October 2009 – September 2012. This chart has an interesting shape this year since the claims came down in total in the 2011 plan year compared to the 2010 plan year. The upper right triangle represents the outstanding claim liability calculated as of September 30, 2012. The triangle shows that most of the outstanding claims are in the most recent months and older months are not expected to contribute to the IBNR amount.

Chart 10

This chart shows the graphs of the paid claims and incurred claims by month. The graphs tend to track each other with the incurred claims ahead of paid claims by about 2 months. In general, we expect most of the claims incurred for month to be paid in the 2nd or third month after the services are rendered. This chart is consistent with expectations.

Chart 11

Chart 11 shows the monthly enrollment since October 2009. We have included covered lives (only the enrolled employee or retiree is included) and the weighted lives (estimation of the number of members). The enrollment in the Plan has been increasing steadily. As in years past, we have anticipated a 1% growth in enrollment annually for our projections.

Table 2

Table 2 is a review of the Incurred But Not Reported (IBNR). Column (f) is what our estimate of the outstanding claims for a certain valuation date should have been. Column (f) is more accurate than the original calculation because we have data through September 2012. For instance, the IBNR for September 2011 is the sum of all amounts paid October 1, 2011 and later for claims incurred prior to October 1, 2011. In our original calculation we would have calculated the IBNR for September 2011 during the month of October 2011 without the knowledge of 12 additional months of data that we have now. The caveat "hind sight is 20/20" applies in this situation.

The IBNR as of September 30, 2012, column (g), indicates the estimated amount of claims still left to pay for a particular incurred month at the end of September 2012.

Column (i) shows the percentage of 12 months of paid claims the estimated IBNR represents. This percentage is useful for estimating the outstanding claims. Similarly, column (j) indicates the number of paid months represented by the estimate of IBNR.

Table 3

Table 3 shows the plan operation that was filed with the Florida Department of Insurance for the last eight (8) years. This information should agree with the income statement for the plan for each year.

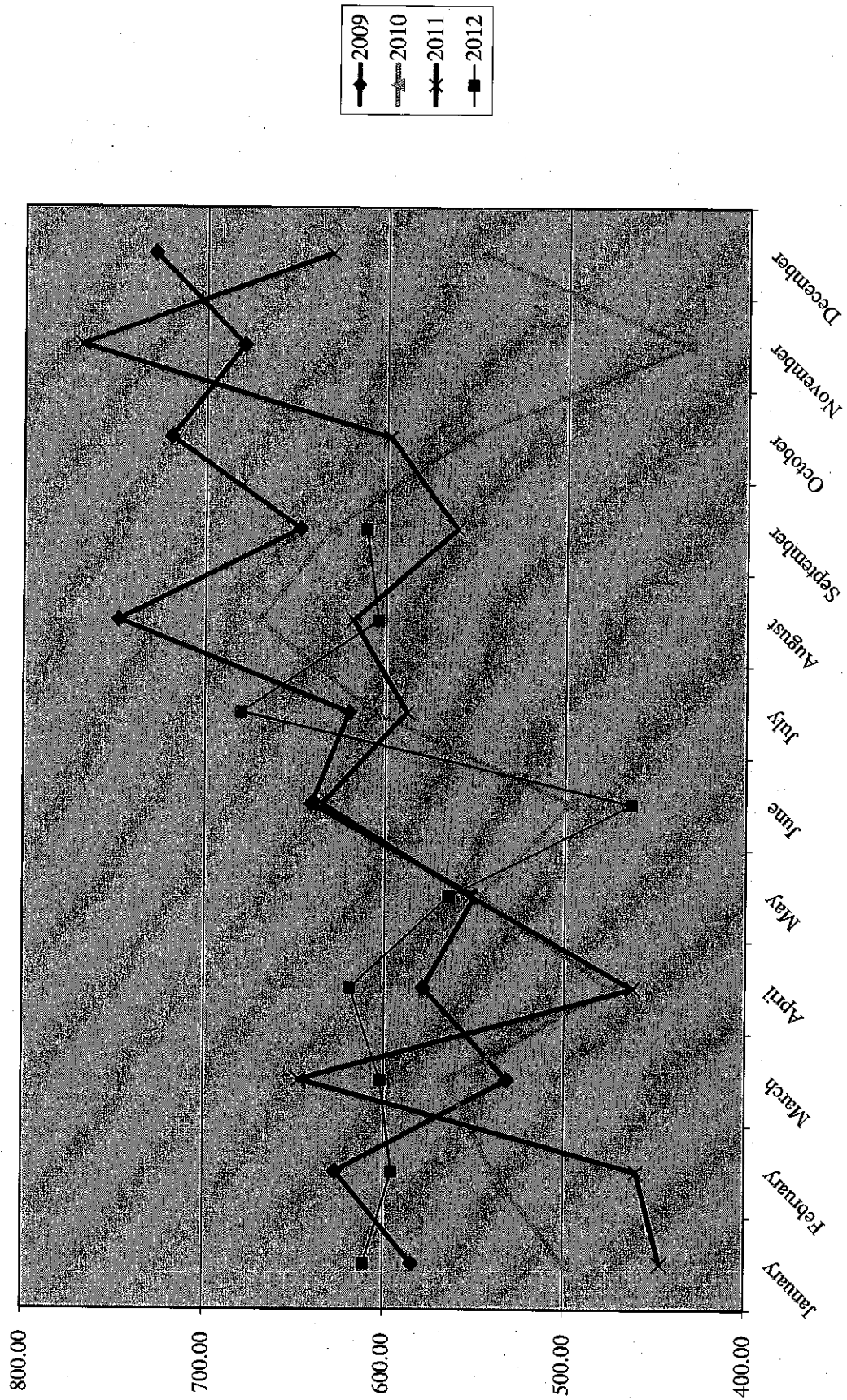
**COMMISSIONERS
SELF-FUNDED EMPLOYEE MEDICAL BENEFIT PLAN**

TABLE 1

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)	(s)
Month	Total Claims Paid in Month	Total Incurred, Paid thru 9/30/2012	Completion Factor	Estimated Incurred Claims using Completion Factor*	Estimated Incurred using Prior Months Experience	Credibility weighted Incurred	IBNR as of 9/30/2012	Exposure (Covered Employees)	Cost per Covered Employee	3-Month Rolling Average Cost per Covered Employee	6-Month Rolling Average Cost per Covered Employee	12-Month Rolling Average Cost per Covered Employee	Weighted Lives (estimated)	Cost per Weighted Life	3-Month Rolling Average Cost per Weighted Life	6-Month Rolling Average Cost per Weighted Life	12-Month Rolling Average Cost per Weighted Life	Historical Trends
Oct-08	2,919,019	3,190,419	1.0000	3,190,419	2,439,681	3,190,419	-	4,167	765.64	686.97	607.00	591.93	7,917	402.97	361.56	319.48	311.54	18.8%
Nov-08	1,896,364	2,155,576	1.0000	2,155,576	2,540,877	2,155,576	-	4,186	514.95	621.12	607.83	591.96	7,953	271.03	326.91	319.91	311.56	17.3%
Dec-08	2,581,008	2,530,539	1.0000	2,530,539	2,557,386	2,530,539	-	4,213	600.82	626.81	614.82	600.82	8,005	316.13	323.59	323.59	316.22	18.2%
Jan-09	2,006,764	2,555,598	1.0000	2,555,598	2,694,271	2,555,598	-	4,373	584.40	567.00	626.23	591.29	8,309	307.58	298.42	329.59	314.89	14.8%
Feb-09	2,544,653	2,732,841	1.0000	2,732,841	2,674,321	2,732,841	-	4,359	626.94	604.02	612.42	591.29	8,282	329.97	317.90	322.33	311.20	8.4%
Mar-09	2,540,982	2,935,123	1.0000	2,935,123	2,659,587	2,935,123	-	4,386	532.44	581.15	603.49	590.56	8,333	280.21	305.87	317.63	310.82	9.2%
Apr-09	2,814,301	2,539,646	1.0000	2,539,646	2,656,754	2,539,646	-	4,387	578.90	573.92	573.24	589.77	8,335	304.69	301.71	310.40	310.82	9.0%
May-09	2,472,810	2,413,793	1.0000	2,413,793	2,651,358	2,413,793	-	4,384	550.59	553.97	578.79	592.97	8,330	289.78	291.56	304.63	312.09	9.0%
Jun-09	3,101,189	2,802,227	1.0000	2,802,227	2,657,831	2,802,227	-	4,371	641.10	590.14	585.65	599.87	8,305	337.42	310.60	308.24	315.72	9.2%
Jul-09	2,768,890	2,698,574	1.0000	2,698,574	2,675,254	2,698,574	-	4,349	620.30	603.98	591.64	608.59	8,263	326.58	317.89	311.39	320.31	11.1%
Aug-09	2,738,864	3,252,445	1.0000	3,252,445	2,712,892	3,252,445	-	4,347	748.20	669.87	611.72	612.06	8,259	393.79	352.57	321.96	322.14	8.8%
Sep-09	2,892,390	2,818,713	1.0000	2,818,713	2,730,252	2,818,713	-	4,350	647.98	631.03	617.39	617.39	8,265	341.04	353.80	332.12	324.94	8.1%
Oct-09	3,127,532	3,127,532	1.0000	3,127,532	2,752,128	3,127,532	-	4,347	719.47	705.20	654.48	614.05	8,259	378.67	371.16	344.46	323.18	3.7%
Nov-09	2,670,260	2,957,028	1.0000	2,957,028	2,740,373	2,957,028	-	4,332	679.46	682.30	676.08	627.45	8,269	357.61	359.10	355.83	330.24	6.0%
Dec-09	3,110,996	3,168,278	1.0000	3,168,278	2,796,940	3,168,278	-	4,347	728.84	700.25	690.73	638.02	8,259	383.60	373.29	363.54	335.80	6.2%
Jan-10	2,457,957	2,180,348	1.0000	2,180,348	2,848,663	2,180,348	-	4,354	500.77	636.90	670.74	631.08	8,273	263.36	334.90	353.02	332.15	5.5%
Feb-10	1,793,048	2,339,353	1.0000	2,339,353	2,802,798	2,339,353	-	4,331	540.14	589.93	629.90	636.14	8,229	284.29	310.49	334.81	328.37	5.5%
Mar-10	2,947,031	2,453,975	1.0000	2,453,975	2,774,086	2,453,975	-	4,336	565.95	535.57	622.49	626.77	8,238	297.87	281.88	327.63	329.88	6.1%
Apr-10	2,551,922	2,057,440	1.0000	2,057,440	2,776,167	2,057,440	-	4,331	475.05	527.06	581.80	618.21	8,229	250.03	277.40	306.21	325.37	4.8%
May-10	2,598,849	2,376,270	1.0000	2,376,270	2,741,389	2,376,270	-	4,336	548.03	529.70	559.85	618.05	8,238	288.44	278.79	294.66	325.29	4.2%
Jun-10	2,406,820	2,149,456	1.0000	2,149,456	2,732,505	2,149,456	-	4,323	497.21	506.79	521.20	606.10	8,214	261.69	266.73	274.31	319.00	1.0%
Jul-10	2,111,263	2,614,869	1.0000	2,614,869	2,671,574	2,614,869	-	4,310	606.70	550.59	538.81	601.94	8,189	319.31	289.78	283.59	318.39	-0.6%
Aug-10	2,340,763	2,864,237	1.0000	2,864,237	2,640,504	2,864,237	-	4,268	671.10	591.32	560.39	598.39	8,109	353.21	311.22	294.94	314.94	-2.2%
Sep-10	2,601,122	2,698,502	1.0000	2,698,502	2,621,101	2,698,502	-	4,283	630.05	635.85	570.99	596.85	8,138	331.61	334.66	300.52	314.13	-3.3%
Oct-10	2,677,246	2,380,378	0.9999	2,380,378	2,611,289	2,380,378	134	4,278	556.45	619.16	584.69	583.24	8,128	292.87	325.88	307.73	306.97	-5.0%
Nov-10	2,149,701	1,855,829	0.9999	1,855,829	2,551,730	1,855,829	104	4,278	433.83	540.15	565.79	562.80	8,128	228.33	284.29	297.79	296.21	-10.3%
Dec-10	2,027,314	2,345,091	0.9999	2,345,091	2,473,267	2,345,091	180	4,297	545.79	512.08	573.98	547.44	8,164	287.26	269.51	302.09	288.12	-14.2%
Jan-11	1,886,980	1,837,293	0.9999	1,837,293	2,302,721	1,837,293	141	4,113	446.74	475.93	547.94	543.34	7,815	235.13	250.49	288.39	285.97	-13.9%
Feb-11	2,391,282	1,977,271	0.9998	1,977,271	2,388,283	1,977,271	460	4,298	460.15	484.77	512.60	536.66	8,166	242.18	255.14	269.79	282.45	-14.0%
Mar-11	2,442,502	2,771,156	0.9998	2,771,156	2,350,139	2,771,156	644	4,282	647.31	518.94	515.49	543.41	8,136	340.69	275.41	263.04	285.09	-12.3%
Apr-11	2,080,312	1,980,423	0.9998	1,980,423	2,379,688	1,980,423	460	4,282	462.61	523.28	499.77	542.85	8,083	291.12	291.77	273.53	285.71	-12.2%
May-11	2,967,937	2,352,368	0.9997	2,352,368	2,359,897	2,352,368	665	4,254	553.13	554.35	519.71	542.85	8,079	334.31	289.53	281.36	291.77	-8.5%
Jun-11	2,732,116	2,700,048	0.9997	2,700,048	2,360,589	2,700,048	763	4,232	635.19	550.10	534.58	554.37	8,047	309.90	311.78	293.51	298.95	-8.6%
Jul-11	2,165,685	2,492,902	0.9997	2,492,902	2,415,955	2,492,902	682	4,235	588.80	592.37	557.66	552.81	8,035	295.50	310.28	299.86	285.57	-9.1%
Aug-11	2,083,588	2,614,252	0.9995	2,614,252	2,406,356	2,614,252	1,290	4,230	618.33	614.13	584.13	542.58	8,035	325.44	323.23	307.43	286.61	-8.4%
Sep-11	2,150,763	2,614,252	0.9992	2,614,252	2,386,389	2,614,252	1,823	4,229	561.44	589.53	569.74	542.58	8,035	295.50	310.28	299.86	285.57	-9.1%
Oct-11	2,519,806	2,519,806	0.9992	2,519,806	2,351,777	2,519,806	1,796	4,212	598.67	592.81	592.59	546.05	8,003	315.09	312.01	311.89	287.40	-6.4%
Nov-11	2,190,218	3,247,852	0.9988	3,247,852	2,375,814	3,247,852	2,941	4,228	768.87	643.05	628.56	573.99	8,033	404.67	338.45	330.82	302.10	2.0%
Dec-11	2,997,008	2,622,228	0.9981	2,622,228	2,438,366	2,622,228	4,550	4,162	631.13	666.50	627.87	581.06	7,908	332.18	350.79	330.46	305.82	6.1%
Jan-12	2,310,248	2,625,017	0.9980	2,625,017	2,573,555	2,625,017	5,205	4,304	611.11	670.22	631.55	594.43	8,178	321.64	352.75	332.40	312.86	9.4%
Feb-12	2,781,072	2,517,373	0.9982	2,517,373	2,529,421	2,517,373	12,370	4,245	595.93	612.60	627.80	605.89	8,066	313.65	322.42	330.42	318.89	12.9%
Mar-12	3,410,624	2,542,523	0.9925	2,542,523	2,651,764	2,542,523	19,882	4,253	602.49	602.13	602.13	602.13	8,081	317.10	317.10	334.00	316.91	10.8%
Apr-12	2,303,681	2,576,490	0.9780	2,576,490	2,635,266	2,576,490	57,987	4,233	619.44	605.96	638.02	615.32	8,081	326.02	318.93	335.80	323.85	13.4%
May-12	2,019,770	2,313,900	0.9659	2,313,900	2,694,915	2,313,900	91,943	4,256	565.28	595.73	604.15	616.33	8,086	297.52	313.54	317.97	324.39	13.5%
Jun-12	1,813,513	1,837,687	0.9545	1,837,687	2,680,329	1,837,687	122,028	4,226	463.73	549.67	576.51	607.07	8,029	244.07	289.30	303.43	316.88	8.6%
Jul-12	1,904,436	2,714,716	0.9392	2,714,716	2,617,059	2,714,716	159,053	4,224	680.34	569.76	587.89	587.89	8,026	358.08	299.87	309.42	320.88	10.3%
Aug-12	2,460,427	1,959,837	0.7764	1,959,837	2,524,265	1,959,837	592,211	4,221	604.61	582.87	589.32	608.54	8,020	318.21	306.77	310.17	320.28	11.0%
Sep-12	2,839,832	853,277	0.3473	2,456,949	2,636,413	2,574,243	1,720,965	4,210	611.46	632.17	590.79	612.70	7,999	321.82	332.72	310.94	322.48	12.9%
TOTAL	121,163,069	119,023,024		121,648,971	124,455,066	121,821,301	2,798,277											

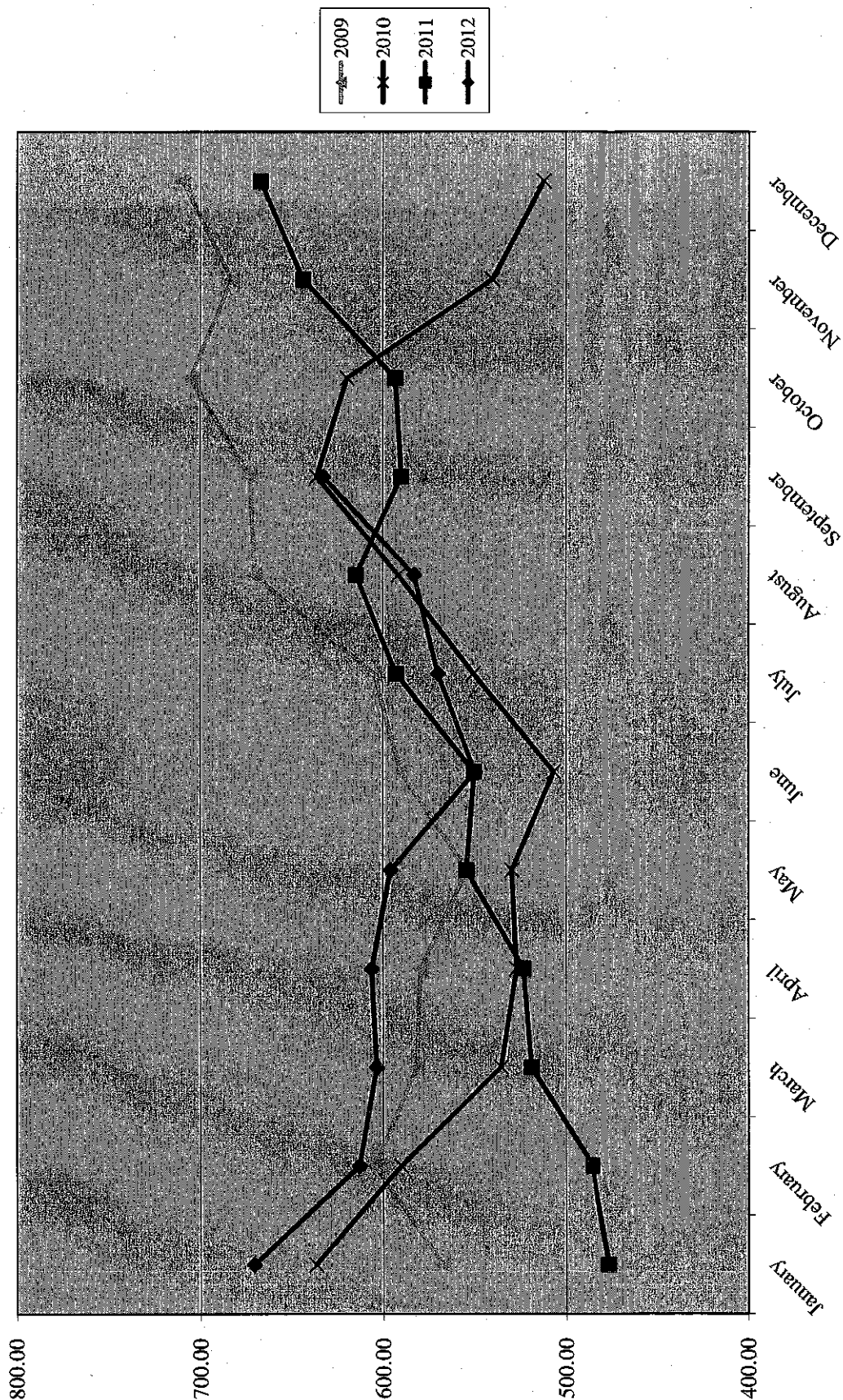
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

Monthly Cost per Covered Employee



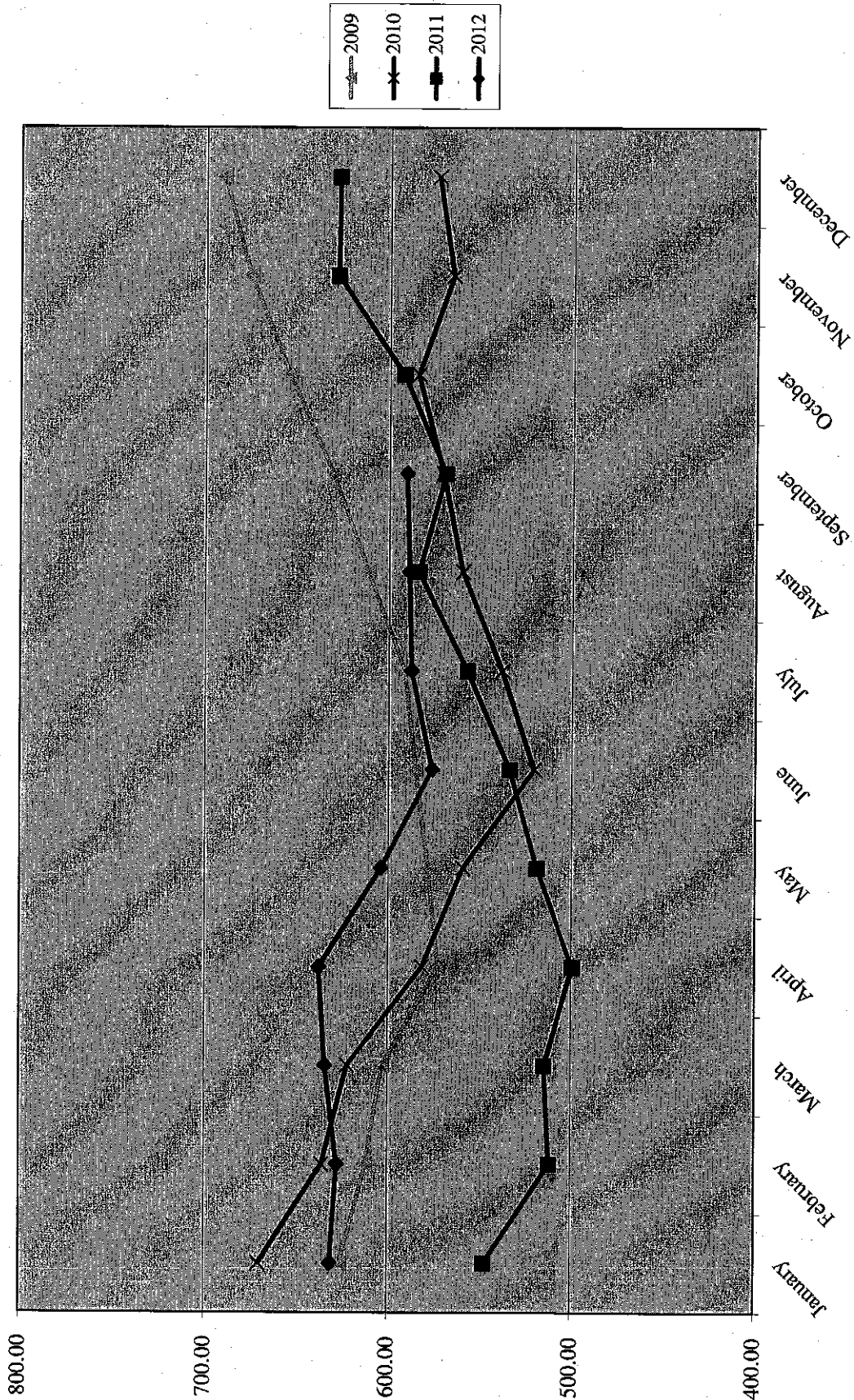
BOARD OF COUNTY COMMISSIONERS SELF-FUNDED MEDICAL BENEFIT PLAN

3-Month Average Cost per Covered Employee



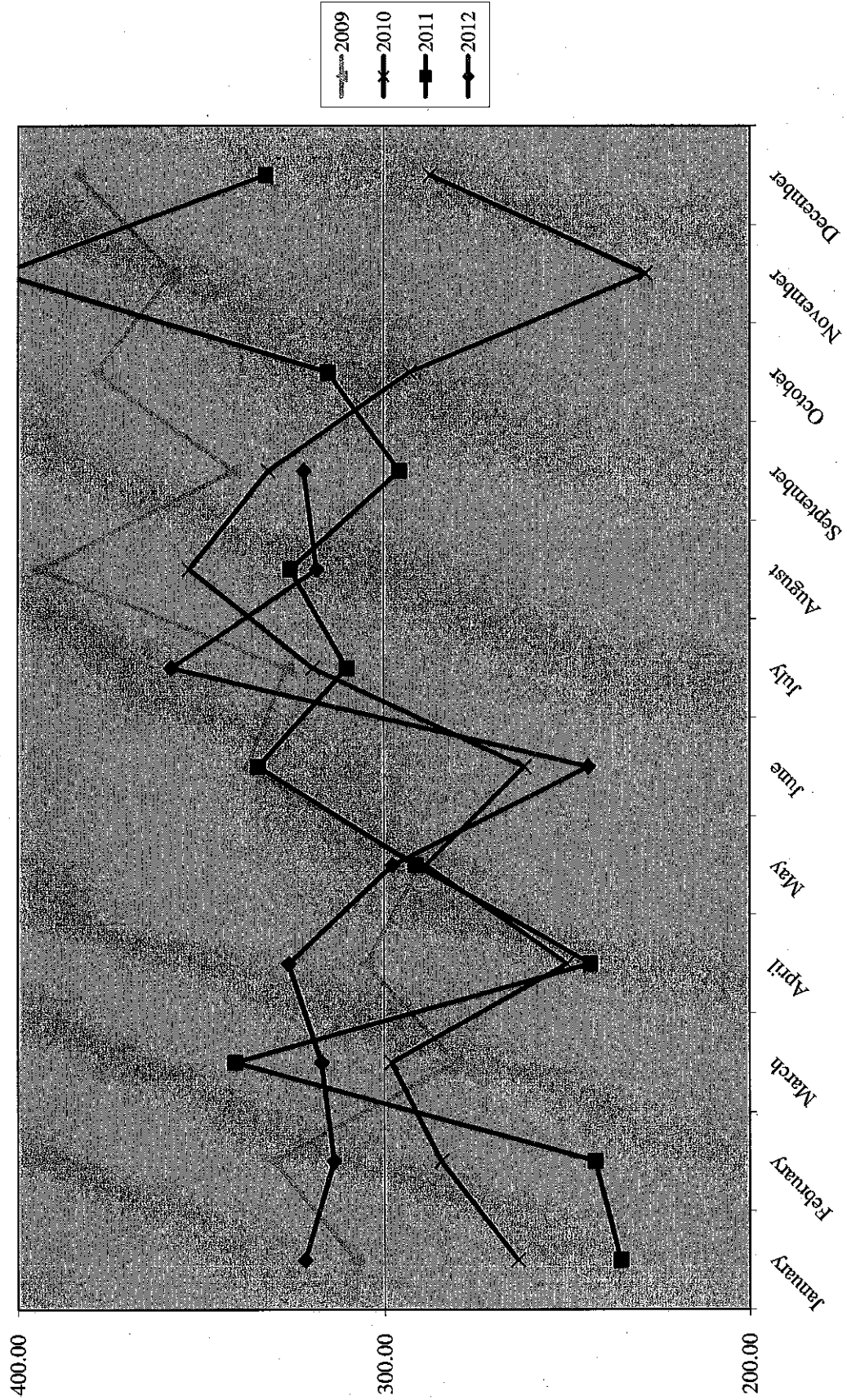
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

12-Month Average Cost per Covered Employee



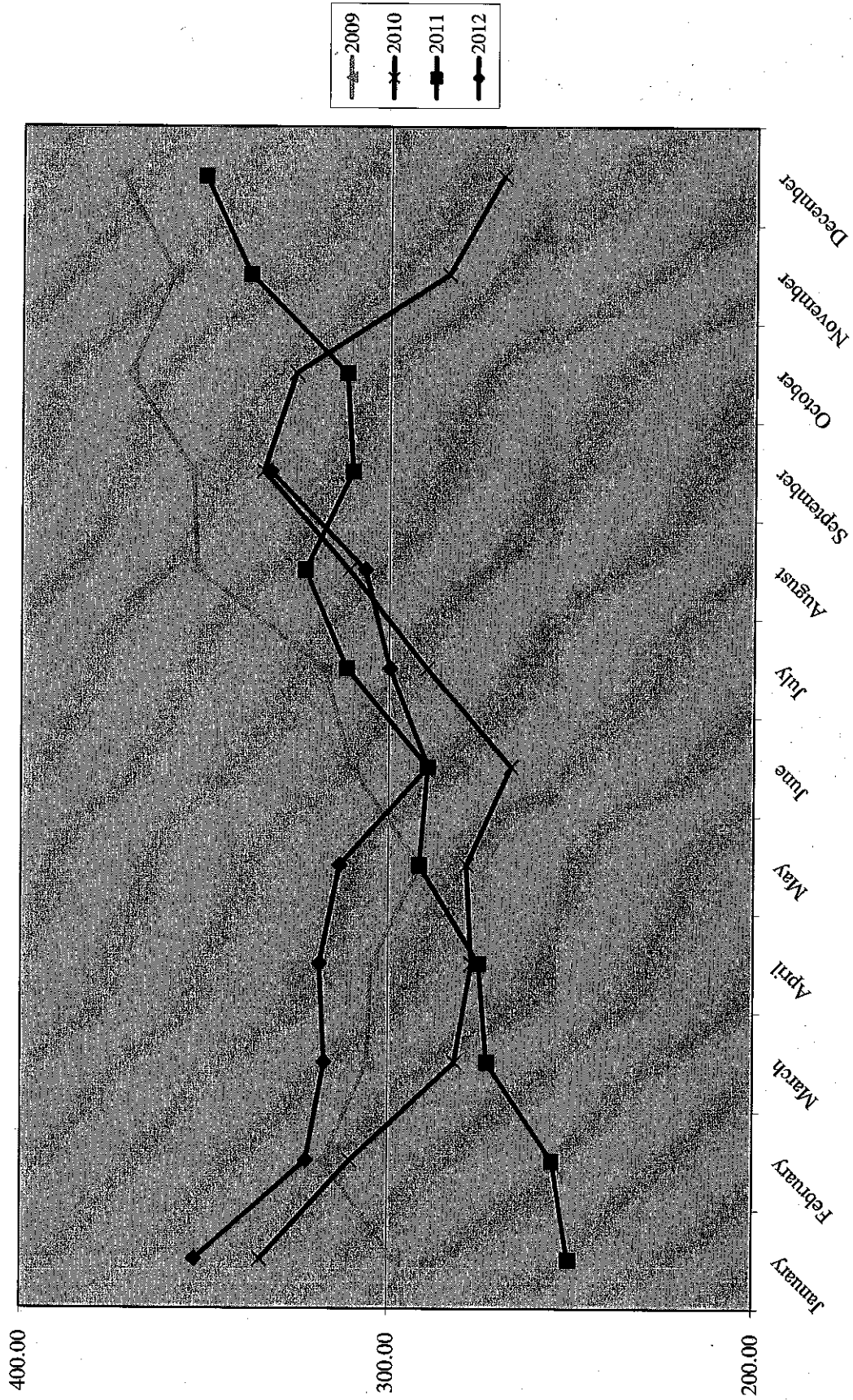
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

Monthly Cost per Weighted Life



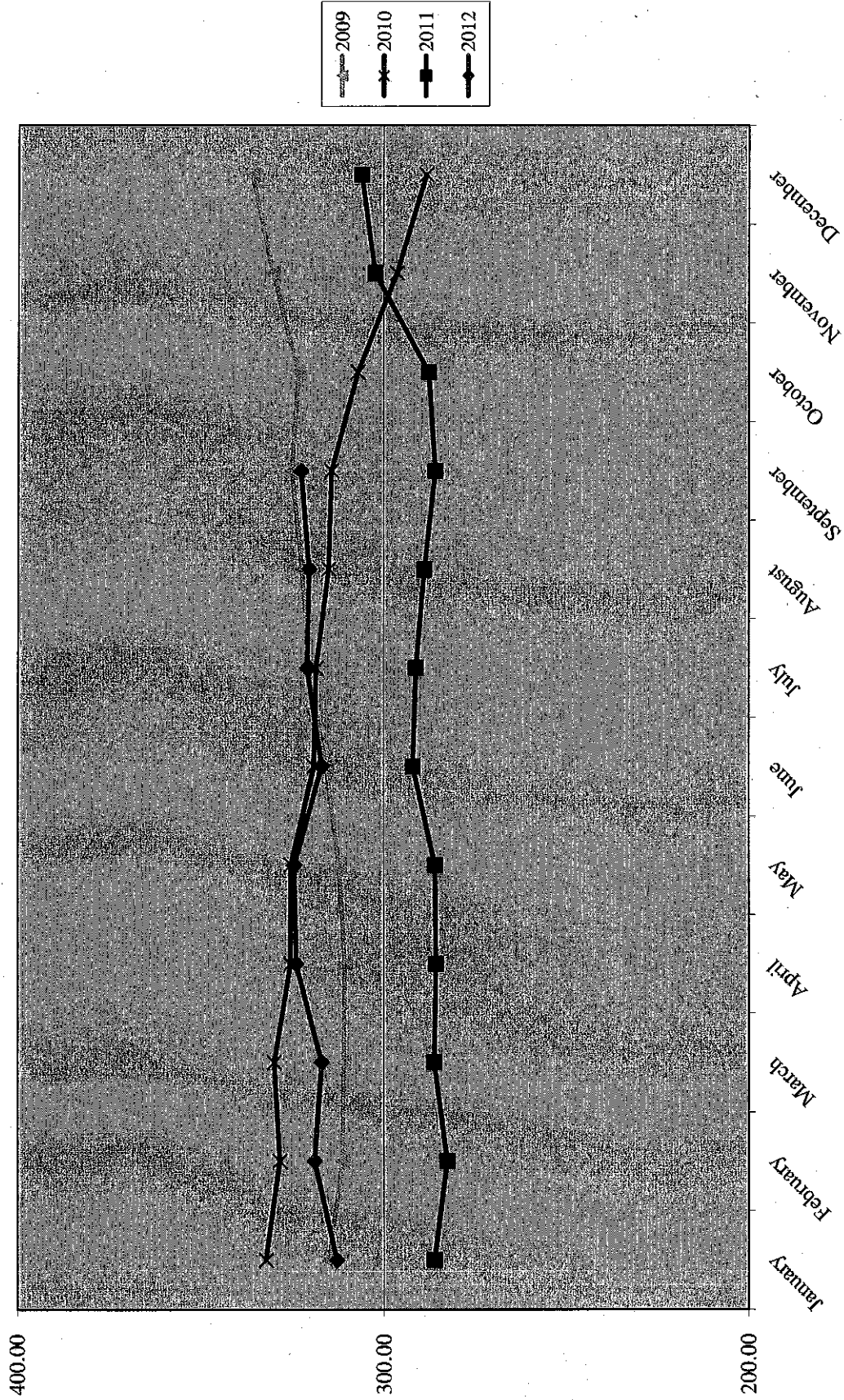
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

3-Month Average Cost per Weighted Life



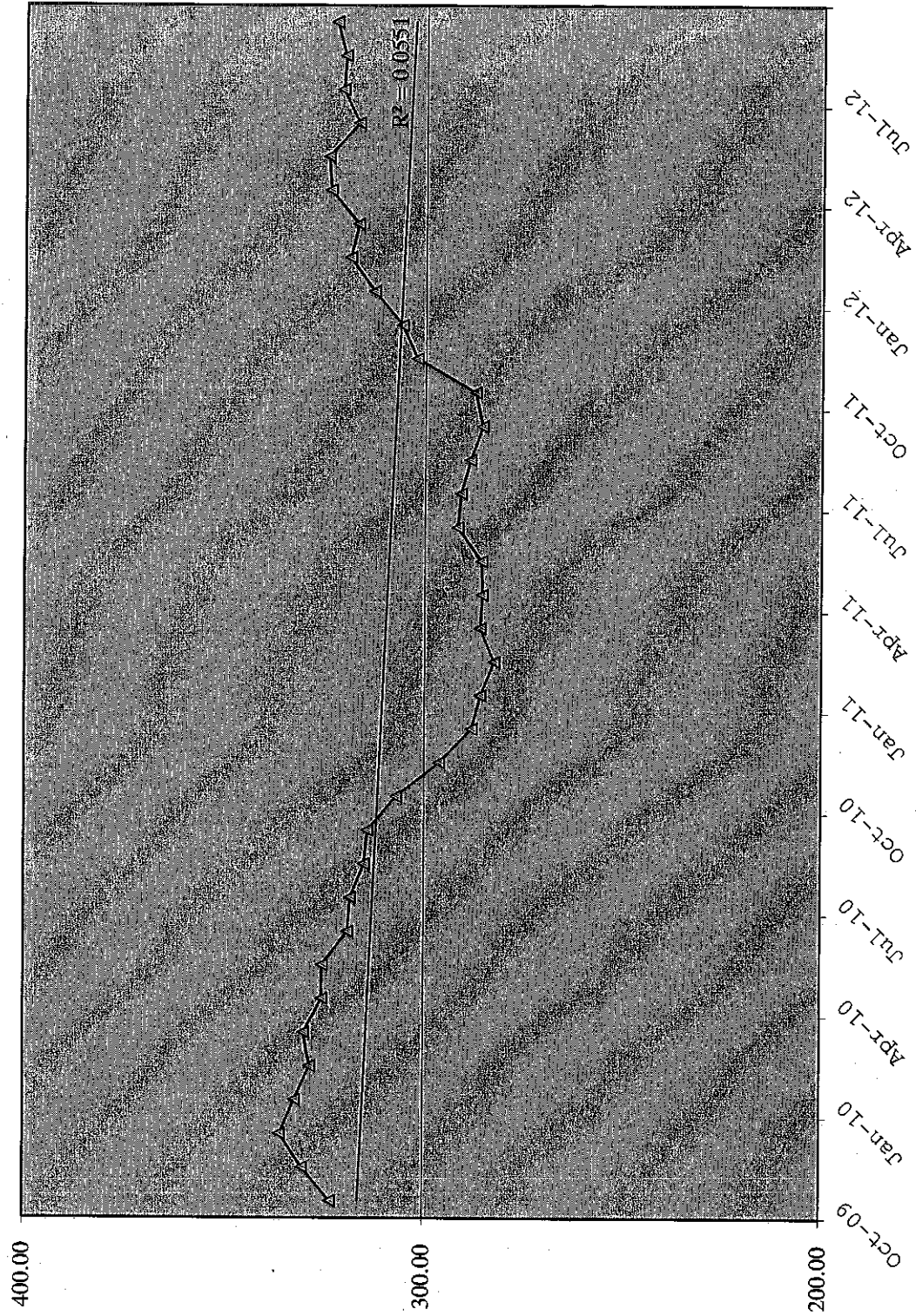
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

12-Month Average Cost per Weighted Life



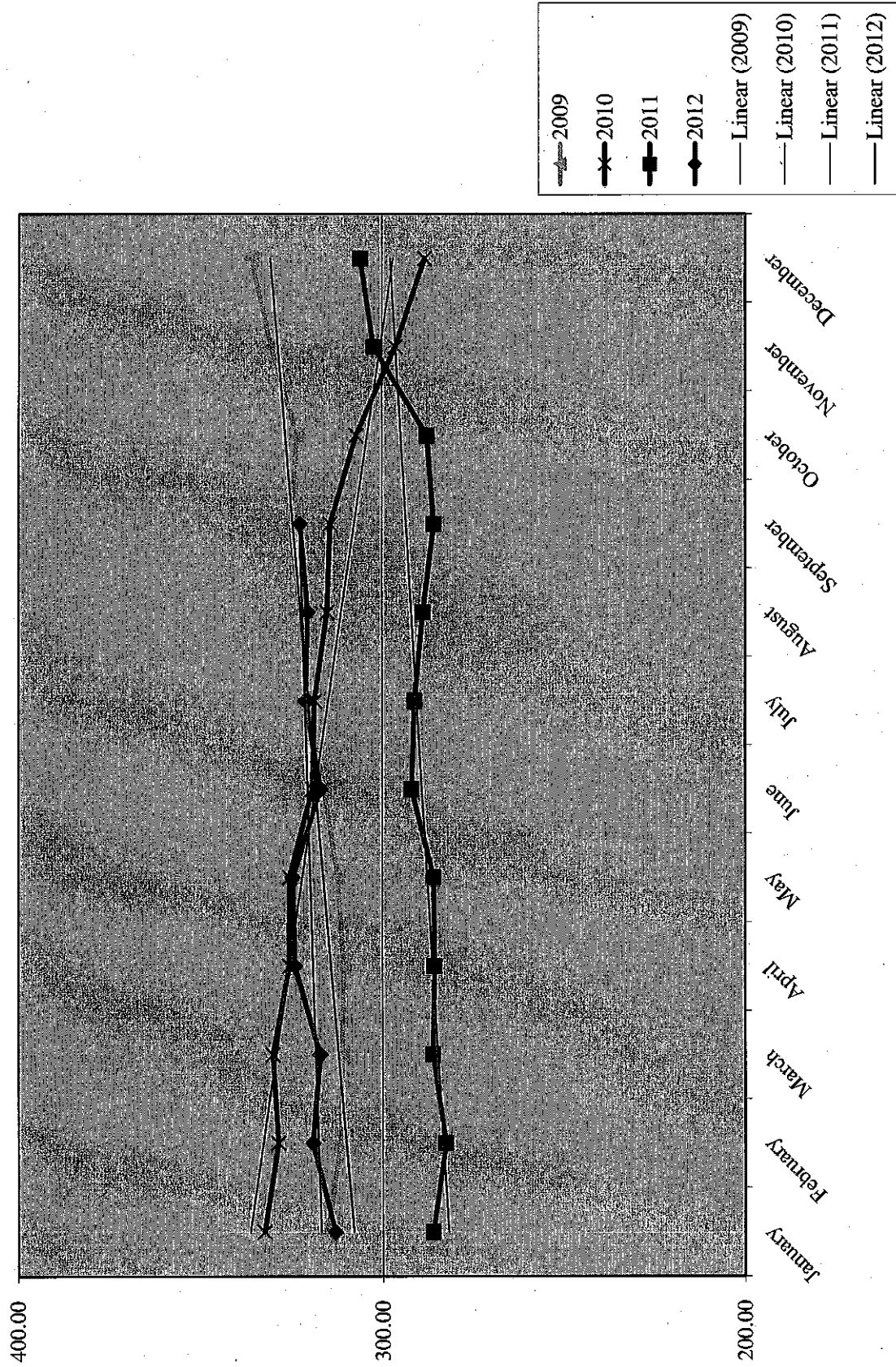
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

**12-Month Average for 36 Months
with Trend Line**



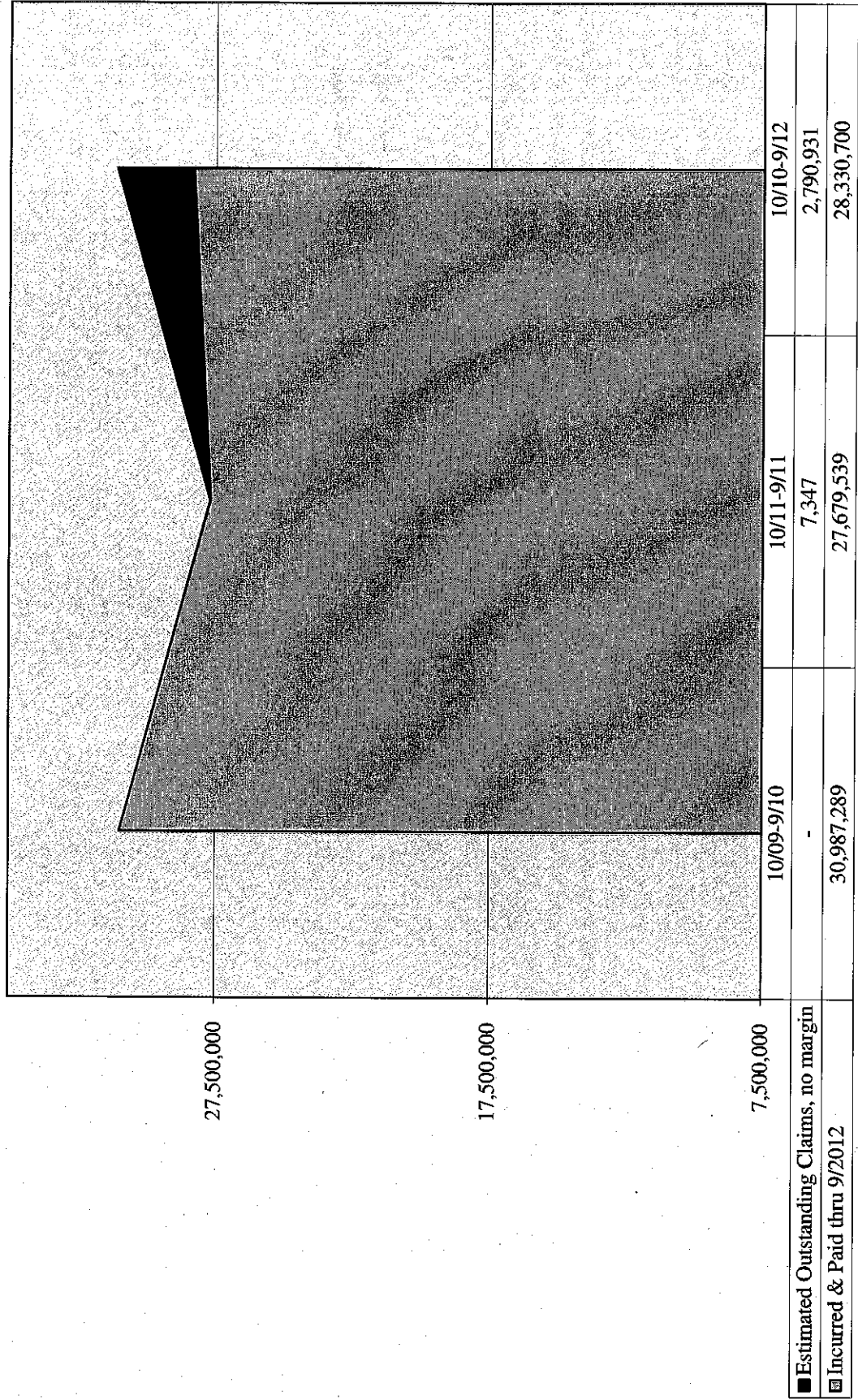
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

12-Month Average Cost per Weighted Life



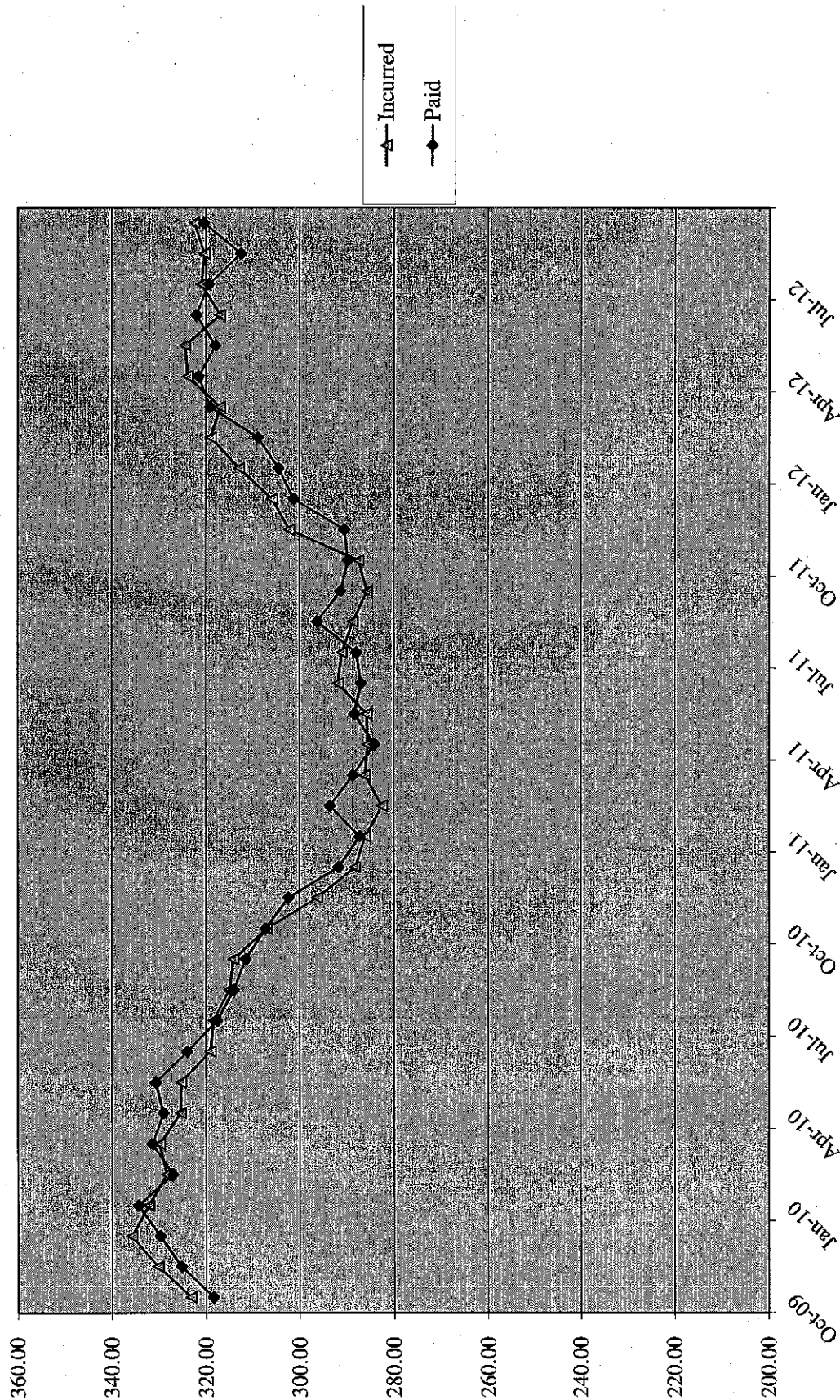
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

Annual Incurred Claims



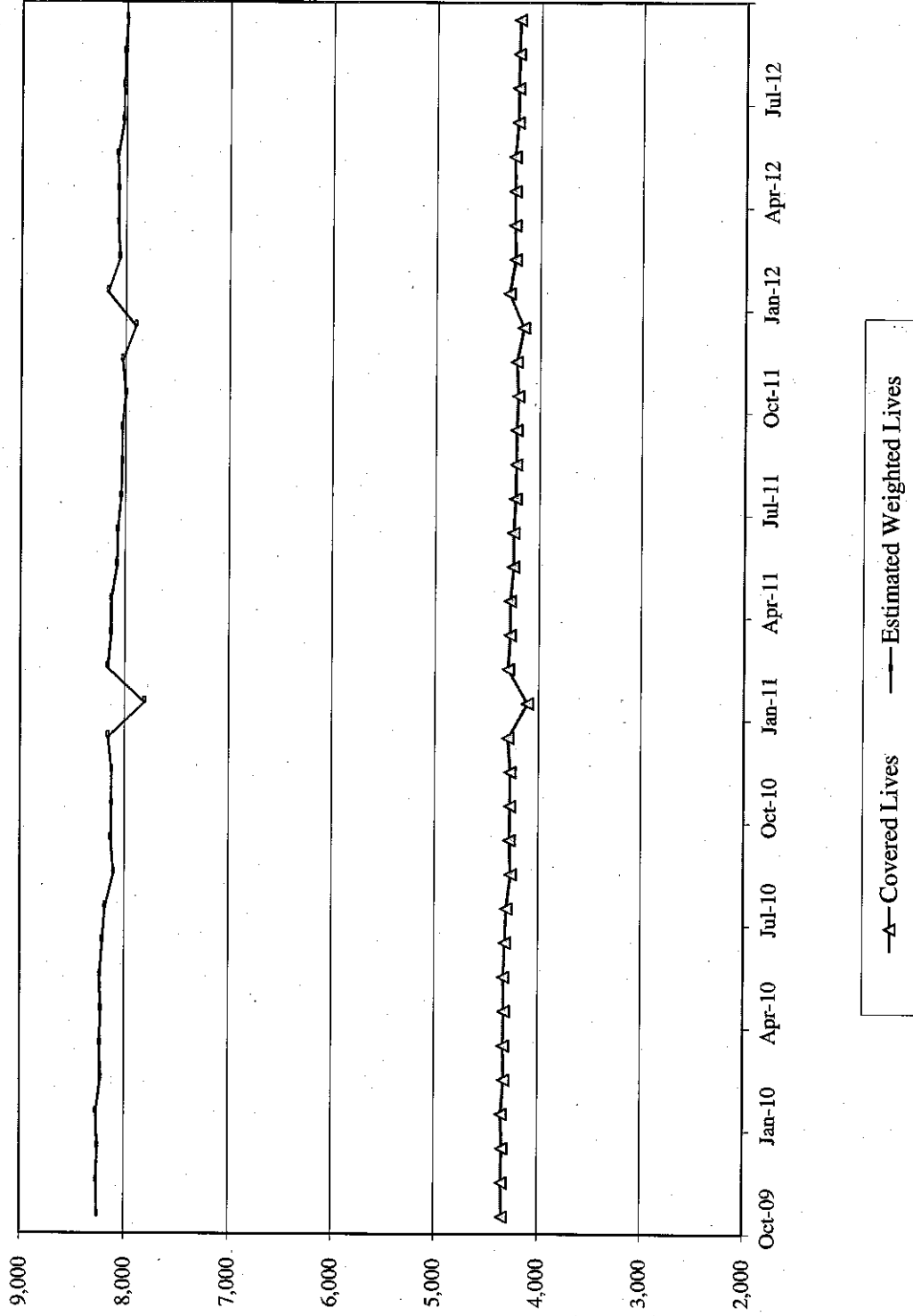
**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

Incurred vs. Paid Claims per Weighted Life



BOARD OF COUNTY COMMISSIONERS **SELF-FUNDED MEDICAL BENEFIT PLAN**

Enrollment by Month



**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED MEDICAL BENEFIT PLAN**

TABLE 2

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i)	(j)
Month	Weighted Lives	Paid Claims	Paid Claims for 12 months	Incurred Claims	Valuation date IBNR using data through September 2012	IBNR as of September 30, 2012	IBNR / 12 months of paid claims	Number of Months of Paid Claims in IBNR
Oct-08	7,917	2,919,019	28,431,217	3,190,419	3,098,791	-	10.9%	1.06
Nov-08	7,953	1,896,364	28,417,893	2,155,576	3,052,902	-	10.7%	1.61
Dec-08	8,005	2,581,008	29,139,958	2,530,539	3,596,705	-	12.3%	1.39
Jan-09	8,309	2,006,784	28,896,919	2,555,598	3,774,814	-	13.1%	1.88
Feb-09	8,282	2,544,653	29,295,968	2,732,841	3,558,174	-	12.1%	1.40
Mar-09	8,333	2,540,982	29,534,057	2,335,123	3,281,491	-	11.1%	1.29
Apr-09	8,335	2,814,301	29,299,376	2,539,646	3,222,176	-	11.0%	1.14
May-09	8,330	2,472,810	29,291,411	2,413,793	2,370,976	-	8.1%	0.96
Jun-09	8,305	3,101,189	29,666,242	2,802,227	2,370,976	-	8.0%	0.76
Jul-09	8,263	2,768,890	30,177,175	2,698,574	2,845,132	-	9.4%	1.03
Aug-09	8,259	2,738,864	30,835,702	3,252,445	3,370,113	-	10.9%	1.23
Sep-09	8,265	2,892,390	31,277,254	2,818,713	2,894,124	-	9.3%	1.00
Oct-09	8,259	3,137,773	31,496,007	3,127,532	2,887,260	-	9.2%	0.92
Nov-09	8,269	2,670,260	32,269,903	2,957,028	3,170,077	-	9.8%	1.19
Dec-09	8,259	3,110,996	32,799,891	3,168,278	3,228,520	-	9.8%	1.04
Jan-10	8,273	2,457,957	33,251,064	2,180,348	2,952,540	-	8.9%	1.20
Feb-10	8,229	1,793,048	32,499,459	2,339,353	3,497,818	-	10.8%	1.95
Mar-10	8,238	2,947,031	32,905,508	2,453,975	3,003,593	-	9.1%	1.02
Apr-10	8,229	2,551,922	32,643,129	2,057,440	2,510,709	-	7.7%	0.98
May-10	8,238	2,598,849	32,769,167	2,376,270	2,314,988	-	7.1%	0.89
Jun-10	8,214	2,406,820	32,074,799	2,149,456	2,065,092	-	6.4%	0.86
Jul-10	8,189	2,111,263	31,417,173	2,614,869	2,547,935	-	8.1%	1.21
Aug-10	8,109	2,340,763	31,019,071	2,864,237	3,088,252	-	10.0%	1.32
Sep-10	8,138	2,601,122	30,727,803	2,698,502	3,185,290	-	10.4%	1.22
Oct-10	8,128	2,677,246	30,267,276	2,380,378	2,932,171	134	9.7%	1.10
Nov-10	8,128	2,149,701	29,746,717	1,855,829	2,654,231	104	8.9%	1.23
Dec-10	8,164	2,027,314	28,663,035	2,345,091	2,977,315	180	10.4%	1.47
Jan-11	7,815	1,886,980	28,092,057	1,837,293	2,917,745	141	10.4%	1.55
Feb-11	8,166	2,391,282	28,690,291	1,977,271	2,422,759	460	8.4%	1.01
Mar-11	8,136	2,442,502	28,185,763	2,771,156	2,764,750	644	9.8%	1.13
Apr-11	8,136	2,080,312	27,714,153	1,980,423	2,662,920	460	9.6%	1.28
May-11	8,083	2,967,937	28,083,241	2,352,368	2,031,726	665	7.2%	0.68
Jun-11	8,079	2,232,116	27,908,537	2,700,048	2,478,839	763	8.9%	1.11
Jul-11	8,047	2,165,685	27,962,958	2,492,902	2,740,368	682	9.8%	1.27
Aug-11	8,037	3,130,763	28,752,959	2,614,252	2,040,885	1,290	7.1%	0.65
Sep-11	8,035	2,085,588	28,237,425	2,372,528	2,304,259	1,823	8.2%	1.10
Oct-11	8,003	2,491,758	28,051,937	2,519,806	2,304,259	1,796	8.2%	0.92
Nov-11	8,033	2,190,218	28,092,453	3,247,852	2,304,259	2,941	8.2%	1.05
Dec-11	7,908	2,997,008	29,062,148	2,622,228	2,304,259	4,550	7.9%	0.77
Jan-12	8,178	2,310,248	29,485,416	2,625,010	2,304,259	5,205	7.8%	1.00
Feb-12	8,066	2,781,072	29,875,207	2,517,373	2,304,259	12,370	7.7%	0.83
Mar-12	8,081	3,410,624	30,843,329	2,542,523	2,304,259	19,882	7.5%	0.68
Apr-12	8,081	2,303,681	31,066,698	2,576,490	2,304,259	57,987	7.4%	1.00
May-12	8,086	2,619,770	30,718,532	2,313,900	2,304,259	91,943	7.5%	0.88
Jun-12	8,029	2,613,513	31,099,929	1,837,687	2,304,259	122,028	7.4%	0.88
Jul-12	8,026	1,904,436	30,838,680	2,714,716	2,304,259	159,053	7.5%	1.21
Aug-12	8,020	2,460,427	30,168,344	1,959,837	2,304,259	592,211	7.6%	0.94
Sep-12	7,999	2,839,832	30,922,588	853,277	2,304,260	1,720,965	7.5%	0.81

**BOARD OF COUNTY COMMISSIONERS
SELF-FUNDED EMPLOYEE MEDICAL BENEFIT PLAN**

TABLE 3

Plan Operations - Eight Year Review

	Plan Year Ending September 30, 2012	Plan Year Ending September 30, 2011	Plan Year Ending September 30, 2010	Plan Year Ending September 30, 2009	Plan Year Ending September 30, 2008	Plan Year Ending September 30, 2007	Plan Year Ending September 30, 2006	Plan Year Ending September 30, 2005
1. TYPE OF BENEFIT	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical
2. NUMBER OF COVERED EMPLOYEES	4,233	4,252	4,319	4,323	4,098	3,751	3,704	3,558
SINGLE EMPLOYEES	2,220	2,215	2,235	2,080	1,908	1,682	1,662	1,635
EMPLOYEES WITH DEPENDENTS	2,013	2,037	2,084	2,243	2,190	2,069	2,042	1,923
3. NUMBER OF CLAIMS FILED	114,000	111,329	111,827	118,109	101,193	101,193	79,000	79,000
4. CLAIMS INCURRED	\$ 41,604,093	\$ 40,287,043	\$ 41,611,622	\$ 41,700,498	\$ 36,635,120	\$ 31,171,160	\$ 29,036,681	\$ 23,603,798
5. CLAIM FREQUENCY (3 / 2)	26,931	26,183	27,388	27,321	24,693	26,978	21,328	22,203
6. AVERAGE CLAIM (4 / 3)	\$ 364.95	\$ 361.87	\$ 351.79	\$ 353.07	\$ 362.23	\$ 308.04	\$ 367.55	\$ 298.78
7. ANNUAL CLAIM COST (4 / 2)	\$ 9,828.51	\$ 9,474.85	\$ 9,634.55	\$ 9,646.19	\$ 8,944.64	\$ 8,310.09	\$ 7,839.28	\$ 6,634.01
8. PREMIUM INCOME	\$ 47,983,922	\$ 44,647,401	\$ 42,870,173	\$ 40,500,341	\$ 37,674,919	\$ 37,427,330	\$ 32,552,902	\$ 30,062,369
9. OTHER INCOME	\$ 859,351	\$ 2,970,192	\$ 1,987,187	\$ 467,947	\$ 675,562	\$ 172,447	\$ -	\$ -
10. INVESTMENT INCOME	\$ 243,301	\$ 206,961	\$ 218,404	\$ 499,384	\$ 615,265	\$ 829,968	\$ 583,433	\$ 212,349
11. TOTAL INCOME (8 + 9 + 10)	\$ 49,086,574	\$ 47,824,554	\$ 45,075,764	\$ 41,467,672	\$ 38,965,746	\$ 38,429,744	\$ 33,136,335	\$ 30,274,718
12. CLAIMS PAID (NET OF REINSURANCE)	\$ 41,234,093	\$ 40,017,876	\$ 42,028,622	\$ 41,491,498	\$ 36,615,120	\$ 31,095,160	\$ 29,395,504	\$ 2,831,823
13. CLAIM RESERVES - END OF CURRENT YEAR	\$ 3,020,167	\$ 2,650,167	\$ 2,381,000	\$ 2,798,000	\$ 2,589,000	\$ 2,549,000	\$ 2,473,000	\$ 1,849,912
14. CLAIM RESERVES - END OF PRIOR YEAR	\$ 2,650,167	\$ 2,381,000	\$ 2,798,000	\$ 2,589,000	\$ 2,549,000	\$ 2,473,000	\$ 2,831,823	\$ 23,603,798
15. TOTAL INCURRED CLAIMS (12 + 13 - 14)	\$ 41,604,093	\$ 40,287,043	\$ 41,611,622	\$ 41,700,498	\$ 36,635,120	\$ 31,171,160	\$ 29,036,681	\$ -
16. STOP LOSS INSURANCE PREMIUMS	\$ 284,090	\$ 284,090	\$ 523,215	\$ 583,560	\$ 454,915	\$ 958,479	\$ 228,013	\$ 249,005
17. EXPENSES								
A. SALARIES & ADMINISTRATIVE FEES	\$ 3,821,397	\$ 4,430,812	\$ 3,838,796	\$ 2,932,554	\$ 2,788,430	\$ 2,404,779	\$ 2,298,998	\$ 2,022,835
B. CONSULTING FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
C. OFFICE EXPENSES	\$ 1,471	\$ 2,018	\$ 2,463	\$ 2,604	\$ 17,777	\$ -	\$ 30,018	\$ 13,967
D. TAXES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
E. OTHER	\$ -	\$ -	\$ 223	\$ 1,025	\$ 509,046	\$ 407,870	\$ 19,518	\$ 863,731
F. TOTAL EXPENSES (SUM OF ITEMS A, B, C, D & E)	\$ 3,822,868	\$ 4,432,830	\$ 3,841,482	\$ 2,936,183	\$ 3,315,253	\$ 2,812,649	\$ 2,348,534	\$ 2,900,533
18. TOTAL DISBURSEMENTS	\$ 45,711,051	\$ 45,003,963	\$ 45,976,319	\$ 45,220,241	\$ 40,425,288	\$ 34,942,287	\$ 31,613,228	\$ 26,753,336
19. OPERATING GAIN OR LOSS	\$ 3,375,523	\$ 2,820,591	\$ (900,555)	\$ (3,752,569)	\$ (1,459,542)	\$ 3,487,457	\$ 1,523,107	\$ 3,521,382

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